V. S. No. 1

See instructions on back of certificate.

TION is very important.

. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5004
1. PLACE OF DEATH	(131)
County Carroll	Registration Dist. No. 75
Village or City Manchester	NoSt.,Ward
~~ a \	death occurred in a horpital or institution, give its NAME instead of street and number)  17_ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME John Was abt	70.4.4
	Ci Word
(a) Residence: Nov. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR. DIVORCED (write the word) Whate Windowed	21. DATE OF DEATH 29, 193 (a. (Year))
5a. If married, widowed, or divorced HUSBAND of CONTINUE of ZOCIA abken (Lound)	22. OI HEREBY CERTIFY, That I attended deceased from 1935 to May 29 1936
6. DATE OF BIRTH (month, day, and year) Fel. 13 1883	I last saw he Lalive on Mers 27 1, 1936; death Is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 16m.
63 2 /7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wave as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, begarmaker SAWYER, BOOKKEEPER, etc.	Chronic myocardeles, 1935
SAWYER, BOOKKEEPER, etc.	Chr. Parenely no hefterly 1935
work was done, as SILK MILL, SAW MILL, BANK, etc	ψ
ID. Date deceased last worked at this occupation (month and 19 3 4 spent in this	
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	arterioselerosis ?
(State or country) Wangland	
13. NAME William Abken  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Turretta Sellers  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)   (State or country)   Manual And	Accident, suicide, or homicide?
(State or country)	Where dld injury occur?(Specify city or town, county and State)
17. INFORMANT MAD C. J. Drillight And	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Man cluster Md Date June / 1936	
Cacol Win Fill	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER JOHOV Wrings Suns	If so, specify
20. FILED May 3/ 1936 90 20. 9. J. Dennes	(Signed) William R& Dernile M.D.
20. FILED 100 101 100 101 100 101 100 101 100 101 100 101 100 101 100 101 100 101 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	(Address) manchester Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 10	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V	S July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH	05
1. PLACE OF DEATH		00
County Carroll	Registration Dist. No.	
Village or City Ollu Wrussor	NoSt	Ward
A (If	death occurred in a hospital or institution, give its NAME instead of street and t	number)
Marin 10 th	ds How long if U.S. if of foreign birth?yrs,mo	osds.
2. FULL NAME CIMENTA CASHAMUL	warrage	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	S
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX // W. COLOR OR RACE	21. DATE OF DEATH	
or Divorced (write the word)	May 2	, 193
5a. If married, widoweb, or divorced HUSBAND of	(Month) (Day)	(Year)
(or) WIFE of the Quite of V deurs all the	1 HEREBY CERTIFY. That I attended	deceased from
0.45.400 101	10 Mm 1 2 13 2,10 may 3	11, 1936
6. DATE OF BIRTH (month, day, and year)	16 /	7; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at _/m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
5.3   ormiy/	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Olario Scalosis	11-1-32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. industry or business in which work was done as SI IK MILL	Colonia raginuis	9-5-34
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Board Princillas	4-21-36
11. Total time (years) this occupation (month and spent in this	Brouges I neumour	5-1-36
year) occupation	Other Contributory gauses of importance:	
12. BIRTHPLACE (city or town) Dans Crelk	Fractured Right arm, whow the	10-10-36
(State or country) Carrall for Mid	Que to accidental fall October 10ths	935. A
13. NAME Telen tingle	Cw&R	
13. NAME THE THE STATE OF THE S	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an a	utopsy? no
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Quecident. Date of injury	
State or country)	Where did injury occur? New Hindson Caroll County of (Specify city or town, county and State	md.
17. INFORMANT MANGENT CANAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ÄČE.
(Address)  18. BURIAL, CREMATION, OR REPORT	in her home.	
Piace ASS 12 1 2 Date Alaw 10 1936	Manner of injury . Accidental Foll	
1/1/10	Nature of injury	<b>—</b>
19. UNDERTAKER (Address)	224 Was disease or injury in any way related to occupation of deceased?	700
The War War And The	(Signed) Bluling Leath	41
20, FILED 17 9 4 , 18 O CANAN & D ANNA Registrar.	(Address) new winder	me
	2411 N. Charles Street. Hallimore. Requesting T. S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DUREAU V. S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE

N. B.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH 5006

1. PLACE OF DEATH County Carcoll	Pagistrating Diet Alp. 74
Village pr City Horse Branch	Registration Dist. ND.  No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U. S. If of foraign birth?yrsmosds.
2. FULL NAME Rebecca andere	If U. S. Veteran, specify WAR
(a) Residence: ND. North Branch (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH  May (Month)  27 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of However Custers	HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Mac. 9 1874	I last saw h. Ex alive on May 271, 1936; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 3: OPP.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  Date of oneset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL PANK	Carmona of resture 1934
SAW WILL, DANK, CO	general, catheria 1934 respector, failure may 27 1936
Date deceased last worked et this occupetion (month and year)	Othar Centributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Control of Contr
13. NAME - Hise	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
15. MAIDEN NAME	23. If death wes dua to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcida, or homicide? Date of Injury, 19 Where did Injury occur?
17. INFORMANT Mes. Thaver Barrane (Address) 420 E. 28 the St. Ballines	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL  BURIAL REAGE COM. Date May 29, 19 30	Manner of Injury
19. UNDERTAKER Heer Afor In.  (Address) Segresville Mid.	24. Was disease or Injury In any way related to occupation of deceesad? 2.2.
20. FILEB May 28, 1986 assary Here Registrar.	(Signad) Att Tawan M. D.  (Address) A konvelle M. d.
If more blanks are needed, address State Registrat	1, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis JUN 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــــــــــــــــــــــــــــــــــ		

V. S. No. 1

A	Village or Ci	tyWe	estmin	nster	. (18)	To an (If	No. No. 12 n & Shurch leath occurred in a hospital of institution, give its NAME instead of	St., Wa street and number)
1	Length of resid	ence in city or	_				ds. How long in U.S. if of foreign birth?yrs	mos
1	2. FULL NAM			n A. A				
-	(a) Residence	e: No	main c		clace of abo	de)	St., Ward. // If nonresident give city or	town and State
	PERSON	AL AND S	STATIST	ICAL PAR	RTICUL	ARS	MEDICAL CERTIFICATE OF DE	EATH
3.	sex Female	4. COLOR OF Whi	r race ite			ite the word)	21. DATE OF DEATH  May  (Month)  (Dev)	, 193 <u>6</u> (Year)
5a	. If merried, widowe HUSBAND of (or) WIFE of		iam B	. Aske	У		22. PHEREBY CERTIFY That I	
_	DATE OF BIRTH (I		d yeer) O	ctober Days	-	1854	to heve occurred on the date stated above at.	, 1926; death is s
••	8. Trade, professiving of working of working SAWYER,		7	20	Id	ay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows:	tance Date of Inc
OCCUPATION	SAW MILL 10, Date decease this occup year)	done, as SILK ., BANK, etc d last worked a tion (month a	MILL,	11. To	otal time (y spent in t occupation	his	Cerclenal Horo webo Other Contributory Causes of importance:	may May
17			Man	vland				
12	State or coun		MICAI					
		ry)	uel M:	iles				
FATHER	(State or coun	Samu (city or town)- country)	uel M: Mar	vland			Name of operation	Date of
HER FATHER	(State or cound 13. NAME 14. BIRTHPLACE	Samu (city or town)- country)	uel M: Mar		Sin	dall		
HER FATHER	13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NAM 16. BIRTHPLACE	Sami (city or town) country) (city or town)	Mar Warusan	yland Shorey	Sin	dall	What test confirmed diagnosis	e following:
MOTHER FATHER	13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NAM	Sami (city or town)- country)  (city or town)- country)  Georg	Marusan Marusa	yland Shorey yland Sinda		dall	What test confirmed diagnosis August Was  23. If death was due to external causes (VIOL ENCE) fill in also th	ne following:
MOTHER FATHER	(State or coun  13. NAME  14. BIRTHPLACE (State or  15. MAIDEN NAM  16. BIRTHPLACE (State or  INFORMANT (Address) BURIAL, CREMATI	Sami (city or town)- country)  (city or town)- country)  Georg  Balti ON, OR REMO	Marusan Marusa	yland Shorey yland Sinda , Md.	11	dall 2,,19.36	What test confirmed diagnosis	ne following:  ury, 19  nty and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cereoral nemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	2- Dit
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

D. Every item of infor-

Exact statement of OCCUPA-

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	REC
SUIC	ANENT
BINI	PERM.
OK	A
Ŧ	IS
*VED	-THIS
田の田	INK
MARGIN RESERVED FOR BINDING	B.—WRITE PLAINTY, WITH UNFADING INK—THIS IS A PERMANENT RECO
	WITH
	AINTY,
	PL
	-WRITE
. No.	B.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-20
County Carroll	Registration Dist. No. 76
Village or City Ovestminster	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  2 9 ds. How long in U.S. if of foreign birth?
2. FULL NAME John Oscar Bo	
(a) Residence: No. 54 B and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of mary yeiser Bair (or) WIFE of mary	22. I HEREBY CERTIFY, That I attended deceased from March 10, 1935, to Turke 9, 1936
6. DATE OF BIRTH (month, day, and year) Que 10 - 1896	I last saw h line elive on may 8 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6; comm.
39 8 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Lede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	my ocarleat Disease (Chanic) Date of onet
Industry or husiness in which	C Ophylas Ligaffeeliney
work was done, as SILK MILL, SAW MILL, BANK, etc	a seek paparans april
10. Data deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) W Lakvaratu  (State or country) The crack of the country	
14. BIRTHPLACE (city or town) Lebanon	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Plays The Was there an eutopsy? 150
15. MAIDEN NAME Elezabeth Slaybaugh	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elegabeth Slaybaugh 16. BIRTHPLACE (city or town) Biglersville	Accident, suicide, or homicida? Date of injury, 19
S (Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Acott Bain (Address) Westminster	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place (Wildminalus Date May 12 , 1936	Nature of injury
19. UNDERTAKER Harrey Bankard & Son (Address) Westermater mode	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED V///, 19 36 Velleroorway  Registrar.	(Signed) W. Herry Jacocher M. D. (Address) West Lucienter Red
16 U.I	N. C. L. C D. L

If more blanks are needed, address State Registylar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

N. B.

MARGIN RESERVED FOR BINDING

5009

1. PLACE OF DEATH	(59)
County Carvall	Registration Dist. No.
Village or Citylean Westminster	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME John 6. Demil	les
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 30 - 193 (Month) (Day) (Year)
5a. If married widowed or divorced HUSBAND of	
(or) WIFE of Cligabeth Wolfe	22. HEREBY CERTIFY. Ihat I attended deceased from
6. DATE OF BIRTH (month, 12), and year) July 14, 9860	I last saw h alive on 3-27-, 136; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:45 m.
75 10 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	My ocarbus ( Chama)
9. Industry or business in which work was done, as SILK MILL,	Diabelia
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
2	Other Contributory Courses of importance:
12. BIRTHPLACE (city or town) (State or country)	Janyon John
The Control of the Co	- ful
13. NAME JOSEPH Demelle	
13. NAME JOSEPH Demelle  14. BIRTHPLACE (city of town) MA	Name of operation Date of
(State of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SUSAN Jace	23. If death was due to external causes VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State orgcountry)	Where did injury occur?
17. INFORMANT/ WW Olyaftth Demille	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Meaday liftane N. Date June (, 1936	Nature of injury
19. UNDERTAKER CANDON COMPANY OF THE	24. Was disease or injury in any way related to occupation of deceased?
(Address) and was me.	If so, specify Comments
20, FILED 19 Registrar.	(Signed) M. D. (Address) M. D.
Action 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
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Chronic interstitial nephritis MIN 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED MARGIN

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. Maryland Tuberculosis Sanatorium 1. PLACE OF DEATH Colored Branch plnods County Carroll Registration Dist. No item above Marvland Village or City Henryton, (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 1 mos. 3 ds. How long In U.S. if of foreign birth? PHYSICIANS statement 2. FULL NAME Ida Mary Bias If U. S. Veteran, specify WAR (a) Residence: No. Galesville, Anne Arundel Go., Mand If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, May 30. OR DIVORCED (write the word) Female Colored Married (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of James Bias . 1936<sub>19</sub> to May 30, 1936 × 1936 6. DATE OF BIRTH (month, day, and year) Oct., 14. 1910 1 certificate. to have occurred on the date stated above at 1.15 P.M. 7. AGE Months Davs If LESS than proper stated 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 25 16 or .... min. Tuberculosis Pulmonary 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... CUPATION Housewife be 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back pinous may Unknown 10. Date deceased last worked at this occupation (month and Unknown 11. Total time (years)
spent in this Unknown that occupation\_ instructions AG] CumbleFstone 12. BIRTHPLACE (city or town) Marvland (State or country) plain terms. Robert Foot FATHER 13. NAME Cumberstone Name of operation\_ 14. BIRTHPLACE (city or town) Maryland (State or country) What test confirmed diagnosis? Was there an autopsy? NO carefully MOTHER Eliza Benton 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: importan Friendship Accident, suicide, or homicide? 16. BIRTHPLACE (city or town). OF DEATH Maryland (State or country) Where did injury occur?\_\_\_ should be (Specify city or town, county and State) John E. O'Neill. M.D. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Henryton, Maryland 18. BURIAL, CREMATION, OR REMOVA Manner of injury WRITE CAUSE mation A Date Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? NC 19. UNDERTAKER (Address) If so, specify 20 FILED 5/30/36 19 (Signed) Registrar. (Address) T.oca NOW

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II	
The principal cause of do of importance were as fo	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 3 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU Y.	July 5,1927	Peritonitis	3 days ago
1				
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	. PLACE OF DEATH			(131)	X	
	County Garre			~~~	Registration Dist. No.	F
	Village or City Union	tour		NoNo	st.	,W
2	Length of residence in city or town	here death occurred			ution, give its NAME instead of street of foreign birth?yrs	
	(a) Residence: No.	(Usual place	of abode)	St., Ward.	If nonresident give city or town	and State
-	PERSONAL AND STAT			MEDICAL C	ERTIFICATE OF DEAT	
	FEX J 4. COLOR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH	May 30 (Month) (Day)	, 19 <b>3</b> (Yea
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Webane	wa Bou	rerso	22. I HEREB	Y CERTIFY, That latter	ded deceased
	DATE OF BIRTH (month, day, and year) AGE Years Monty	Jan 7, 18 Days 4 23	If LESS than 1 day,hrs.	I lest saw h_& alive on to have occurred on the date sta	5- 30- 19	, death i
CUPATION	8. Trade, profession, or particular kind of work done, as SPINNEF SAWYER, BOOKKEEPER, etc 9. Industry or business in which	House	rank	Chr. Interste	teal report	Dateo
occur	work was done, as SILK MILL, SAW MILL, BANK, etc		me (yeers) t in this pation			22
12.	BIRTHPLACE (city or town) (State or country)	me		Dther Coutributory Causes of im	portance:	
ER	13. NAME WAYER	5 Harr	rer			
FATHER	14. BIRTHPLACE (city or town)		ul		Date	
2	15. MAIDEN NAME/Naru	e Lambe	217		was there auses (VIOLENCE) fill in also the follo	
MOTHER	16. BIRTHPLACE (city or town)	2	ma		Date of Injury	
17.	INFORMANT Plana 10 (Address) Como	town town	ma		(Specify city or town, county audin INDUSTRY, in HOME, or in PUBLIC	State) C PLACE.
18/	BURIAL CREMATION OR REMOVAL	wn Date Offer	Q 21,1936	Manner of injury		
19.	UNDERTAKER 609u (Address) one	so for	me	24. Was diseese or injury in any  If so, specify	way related to occupation of deceased	?
20.	FILED Fine 219 M	agaret 19	· Englas	(Signed)	1. John	

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Chronic interstitial nephritis JUI! (1936)	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

6/3

MARGIN RESERVED FOR BINDING

PHYSICIANS should state

Exact statement of OCCUPA.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARTIAND CERTIFICATE OF DEAT	STATE OF MARYI	AND-CERTIFICATE	OF DEATH
---------------------------------------	----------------	-----------------	----------

58. If merried, widowed, or divorced HUSBAND of Con Bucking Kane.  22. I HEREBY CERTIFY. That I attended decease May 27 ml, 1936, to May 27 ml, 1936, to May 27 ml, 1936, to May 27 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date stated above, at 11 ml, 1936; death to have occurred on the date s	-
Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred in a hospital or institution, give its NAME instead of street and number.  Length of residence in city or town where death occurred in a hospital or institution, give its NAME instead of street and number.  Length of residence in city or town where death occurred in a hospital or institution, give its NAME instead of street and number.  Length of residence in city or town where death occurred in a hospital or institution, give its NAME instead of street and number.  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  (Month)  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  (Month)  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  (Month)  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  (Month)  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  (Month)  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  (Month)  Length of residence in city or town and State  MEDICAL CERTIFICATE  MEDICAL CERTIFICATE  Length of residence in city or town and State  MEDICAL CERTIFICATE  MEDICAL CERTIFICATE  Length of residence in city or town and State  MEDICAL CERTIFICATE  MEDICAL CERTIFICATE  Length of residence in city or town an	
2. FULL NAME  (a) Residence: No.  (b) St.  (c) Ward.  (c) Usual place of abode  (c) PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (d) COLOR OR RACE  (e) St. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  (or) WHE of  (e) Color of RACE  (or) WHE of  (or) WH	
(a) Residence: No.	us.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE OR DIVORCED (runite the word)  5a. If merried, widowed, or divorced HUSBAND of (cor) WIFE of (	
3. SEX 4. COLOR OR RACE Corrections of Divorced or Divorced (write the word)  5a. If merried, widowed, or divorced HUSBAND of (my wife of the word)  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than I day, hrs. or min.  6. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW, etc.  10. Date deceesed last worked at this occupation (month and year)  11. Total time (years) spent in this year)  Other Ceutributory Causes of importance:	
The prince of the profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  12. I HEREBY CERTIFY. That I attended decease may be considered to have occurred on the date stated above, at 11. Total time (years)  11. Total time (years)  12. I HEREBY CERTIFY. That I attended decease may 22. 19. 19. 19. 19. 19. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
HUSBAND of  (cr) WHT of  (cr) W	(eer)
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than  I day, hrs. or min.  6. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SLIK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  Other Ceutributery Causes of importance:	36
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of Were as follows:  Partin I day,	h is said
5. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and 1925)  11. Total time (years) year)  Other Ceutributery Causes of importance:	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decesed last worked at this occupation (month and 1925 spent in this occupation)  Other Ceutributery Causes of importance:	ol enset
10. Date decessed last worked at this occupation (month and 925 spent in this occupation)  Other Coutributory Causes of importance:	20
this occupation (month and 925 spent in this year) occupation occupation occupation Other Coutributory Causes of importance:	
(State or country)	
13. NAME Thomas B. O Suclowatury.	
13. NAME    14. BIRTHPLACE (city or town)   Name of operation   Date of	?
15. MAIDEN NAME abbie a Studence. 23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  Date of injury  19. Stellars country	9
(State or country)  Where did injury occur?  (Specify city or town, county and State)	
17. INFORMANT AND CHITTEN TELLS Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 100, 8. Westmanskie, 7004,	
18. BURIAL, CREMATION, OR REMOVALT  Place a renew Lemby Date May 25 1936	
19. UNDERTAKER  (Address)  Nature of injury  24. Was disease or injury in eny way related to occupation of deceased? The	
20. FILED May 24, 19.3 6 6. By Farrer (Signed) , Co Mileto Mileto Mileto May 24, 19.3 6 Concelled Registrar. (Address) New Windows Mileton Mil	M. D

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of d of importance were as fo		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN. 0	July 5, 1927	Peritonitis	3 days ago
	RUREAU V. S.			
Other contributory cause	s of Importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

mation should be carefully supplied.

-WRITE PLAINLY

N. B.

V. S. No. 1

TION is very important.

18. BURIAL, CREMATION, OR REMOVAL

3.

19. UNDERTAKER

(Address)

PHYSICIANS should state Exact statement of OCCUPA. of infor-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item EXACTLY. properly classified. certificate. stated should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	5013
County Carroff Village or City Assufueld	, Curvell 6	Registration Dist. No.  No.  death occurred in a horpital or institution, give its NAME instead of	_St.,Ward
2. FULL NAME Sand (a) Residence: No.	/		ds.
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
Female White 0	INGLE, MARRIED, WIDOWED, R DAYORCED (write tha word)	21. DATE OF DEATH  Muss (Month) (Day)	, 193 <u>6</u> . (Year)
is. If married, widowed, or divorced HUSBAND of (or) WIFE of larke Nelson (or) WIFE of larke Nel	P. Buck my ham  21, 1861  Days if LESS than 11 day, hrs. 01 min.	1 HEREBY CERTIFY, That is a state of the principal CAUSE OF DEATH and related causes of import were as follows:	attended deceased from 2 1, 19 36  , 19 36; death is said lance Date of onset  No.
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Olher, Cautributary Causes of importance:	
(State or country)  13. NAME  One De clee	md. ne Laugh	Infaret g Ling	y 29°
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)	Thompson.	Name of operation	
17. INFORMANT Mis Luca B	rouw.	(Specify city or town, coun Specify whether injury occurred in INDUSTRY, in HOME, or in P	ty and State) UBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury Nature of Injury

If so, specify

(Signed).

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic internal nephritis JUN 5 1950	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Δ.

BINDING MARGIN RESERVED

state OCCUPA should PHYSICIANS statement RECORD. Exact PERMANENT classified. properly Jo may that instructions importan DEATH plnods OF -WRITE CAUSE mation LION

3. SEX

7. AGE

FATHER

MOTHER

13. NAME

19. UNDERTAKER (Address)

Male

STATE OF MARYLAND—CERTIFICATE OF DEATH

Maryland Tuberculosis Sanatorium 1. PLACE OF DEATH Colored Branch 23 County Carroll Registration Dist. No. Village or City Henryton. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. 2. FULL NAME William Emmanual Carter If U. S. Veteran, specify WAR (a) Residence: Np. 178 W. Cross St., Balto., Md. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. May 20. 1936 OR DIYORCED (write the word) Colored Single (Month) (Year) 5a. If married, widowad, or divorcad HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 193619 to May 20, 1936, 19 Apr October 21. 1910 6. DATE OF BIRTH (month, day, and year) Months If LESS than Days 1 day.\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and ralated causes of importance 29 25 or .... min. Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.---Tuberculosis Pulmonary Laborer Industry or business in which work was done, as SILK MILL, Unknown SAW MILL, BANK, etc ... 11. Total tima (yaars)
spent in this Unknown Date deceased last worked at this occupation (month and Unknown occupation ... Richmond 12. BIRTHPLACE (city or town) Virginia (State or country) Richard Carter Noppaway 14. BIRTHPLACE (city or town) Nama of operation Virginia (Stata or country) What tast confirmed diagnosis?. Mary Jennings 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Crew Accidant, suicida, or homicide? 16. BIRTHPLACE (city or town) (Stata or country) Virginia Where did injury occur?. (Specify city or town, county and State) John E. O'Neill Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Henryton, Maryland (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Natura of injury

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, spacify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis UIN 3 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage   BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones •	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ery item	NNS she	ent of	
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RMANEN	XACTI	classified.	
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ITE PL	noys uc	SE OF	I is ver
B.—WR	matic	CAU	TIOI
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STATE OF MARYLAND	CERTIFICATE OF DEATH 5015	
1. PLACE OF DEATH		
County Carroll	Registration Dist. No.	
Village or City Westminster	No. St.	Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number	•
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos	,as.
2. FULL NAME Garroll Thomas 6	hase	
(a) Residence: No. 18 Union (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
m Colored OR DIVORCED (write the word)	May 24 ,193	4
5a, If married, widowed, or divorced	(Month) (Oay) (Y	rear)
(or) Willest mary Lummers	22.   HEREBY CERTIFY, Thet I attended deceas	ed from
8 1 + 12 10 10	Morenta 1933 10 May 24 11	92.
6. DATE OF BIRTH (month, day, and year) Supply 17 - 1900 7. AGE Years Months Days If LESS than	I last saw h 1 1 alive on	h is said
7 4 > 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	ware se tellows:	otonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carolina VI les moles	1.3/
9. Industry or business in which	Section 1	
work was done, as SILK MILL, w. M. College 10. Date deceased last worked at 11. Total time (years)		
11. Total time (years) this occupation (month and year) year)  11. Total time (years) spart in this occupation		
your your your your your your your your	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	2 40 0 0000	-0.4
13. NAME John Wales Police	Howe Carries Desiries "	2.14.5
= 70000	· · · · · · · · · · · · · · · · · · ·	
14, BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Q. Was there en au'opsy	u.
15. MAIOEN NAME Code Compa	23. If death was due to external causes (VIOLENCE) fill in also the following:	·YO
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	10
(State or country) md.	Where did injury occur?	V
17, INFORMANT and Chase	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 18 union St. Westminster	met.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Wishim to haped Dim. Oate May 26-, 1936	Neture of injury	
19. UNDERTAKER HBankard & Son	24. Was disease or injury in eny way related to occupetion of deceased?	2
(Address) Matminater, md.	Wso, specify	
20. FILED V /26, 19 J. Q JULION Registrar.	(Signed) What are the Conference of the Conferen	M. D.
If more blanks are needed, address State Regist ar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 131 5 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The second secon	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			123	

ADDITIONAL :	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	$\mathbf{BY}$	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item 64 infor-

V. S. No. 1

	CERTIFICATE OF DEATH 5016
1. PLACE OF DEATH	940 4 7)
County Carrell	Registration Dist. No.
Village or City Janly Court	No. St., Water No. St
Langth of residance in city or town where death occurredyrsmos	HEAL STORE NO. 11.1. HER STORE THE STORE
2. FULL NAME ( aymond & Daylor	
	) Ot Ward
(a) Residence: No. (Usual place of abode)	/ St., Ward.  - If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OF RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH May (Pay) (Year) (Year)
HUSBAND of Corp William Knows A Dayhold D. Dayhold	22. I HEREBY CERTIFY, That I attended daceased f
5. DATE OF BIRTH (month, day, and year) Jaw 23, 1888	Hast saw hand alive on Man 18 W 1936 death is
7. AGE Yaars Month Days If LESS than	to have occurred on the date stated above, at 3 P' m.
138 3 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:  Date of on Man
8. Trade, profession, or particular kind of work done, as SPINNER, Dranger kl. SAWYER, BOOKKEEPER, atc.	angina / south
9. Industry or business in which work was done, as SILK MILL Tace korslas. SAW MILL, BANK, etc.	0
Date deceased last worked at this occupation (month and spent in this	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or dountry)	
13. NAME Jamuel 6- paying	
f 4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha 6. Sully	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?, f9
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Oall town,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Crosserntown Lutheraw Date May 22, 1936	Nature of injury
19. UNDERTAKER OF TUSS PROBLEM (Address) Sanly Suns	24. Was disaase or injury In any way ralated to occupation of deceased? 100
10 0 / han	(Signad) - C / 1 / D-EMME N

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Example I	d of the state of	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interestitial newbitts	1915	Attack of epilepsy	1 week ago
Chi onte the state he plates	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WEAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

FOR

MARGIN RESERVED

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:	111111111111111111111111111111111111111	
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

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state

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Carry Registration Dist. N Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. FY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 1934 7. AGE Years Months If LESS than Devs to have occurred on the date steted above 1 dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ..... min. were as follows: Date of enset Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc...... OCCUPATION 9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10-Data deceased lest worked at 11. Total tima (yeers) this occupation (month and spent in this veer) \_\_\_\_\_ occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) (Stete or country) What test confirmed diagnosis? Wes thera an autopsy? HER 15. MAIDEN NAME 23. If deeth was dua to external ceuses (VIDL ENCE) fill In also the following: MOT Accident, suicide, or homicide?\_\_\_\_\_ Deta of injury\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupetion of deceesed? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II			
The principal cause of of importance were as f	leath and related collows:	auses	Dat	e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIN	VEI	D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephril	S			1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 6	1 = 5	Jul	y5,1927	Peritonitis	3 days ago
21.	BUREAU	V. 5			The Control of the Co	
Other contributory caus	es of importance:				Other contributory causes of importance:	
Gallstones			Ma	y 1,1923	Gastroenteritis	1 year
		10.00				

1. PLACE	OF DEATH			29		
County C	Carroll Coun	ty .			Registration Dist. No.	74
	City Springfi		= 1 (	al NX Sykesvill  If death occurred in a hospital or institu	e, Md. ution, give its NAME instead of s	St., War
			yrsmo	sds How long in U.S. If C	of foreign birth?yrs	ds
	AME Tony P. ence: No. 3611 34			nieg, Md. Ward.	1638	town and State
PERSO	NAL AND STATIST			MEDICAL C	ERTIFICATE OF DE	
Male	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH May	llth, 1936 (Month) (Day)	, 193(Yaar)
5a. If marriad, wide HUSBAND of (or) WIFE of	owed, or divorced			April 15,	Y CERTIFY, That I	in the same of the
6 DATE OF BIRTH	H (month, day, and year)	an. 11.	1912	I last saw h_1m_ aliva on_N		
7. AGE Y	aars Months 4	Deys O	If LESS than I day,hrs. ormin.	to have occurred on the data state	ad above, at 9:45 mp.	m.
SAWYE 9. Industry of	fassion, or particular f work dona, as SPINNER, ER, BOOKKEEPER, etc r businass in which was dona, as SILK MILL,	Shoemake	er	Pulmonary Tut	perculosis	1932(?
SAW M	TILL, BANK, etc	O 11. Total spa	tima (yaars) Int in this			
12. BIRTHPLACE ( (State or co	(city or town) Washin ountry) D.C.	gton,		Other Contributory Causes of important Dementia Praec		r to 1931
	ardo Erusso					
I4. BIRTHPLA	CE (city or town) Ttaly or country)			Neme of operation What tast confirmed diagnosisa r	L symptoms &	Date of
15. MAIDEN N	NAME Bertha '	?		23. If death was due to axtarnal car		
part	CE (city or town) or country) Italy	(?)		Accident, suicida, or homicide? Where did injury occur?		
(Address)	Sykesville,	tate Hos	spital Re	c Green hether injury occurred i	(Specify city or town, county in INDUSTRY, in HOME, or in PU	BLIC PLACE.
Place C	ATION, OR REMOVAL	Date M	4/1/1936	Manner of injury		
19. UNDERTAKER (Addrass)	MA Sac	do oc	05.	24. Was disaase or injury in eny w	way ralatad to occupation of daca	asad?_No
20. FILED 200	417,1936 CR	Harry	Registrar.	(Signed) / Warry	J. Baer,	md. M.

PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE-PEAINLY,

V. S. No. 1 N. B.— of OCCUPA.

Exact statement

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage RILDEALL V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

PHYSICIANS should state Exact statement of OCCUPA-

	MARYLAND-	CERTIFICATE OF DEATH 502	20	
1. PLACE OF DEATH		Sin X	200	
County Curroll	***************************************	Registration Dist. No.	*	
Village or City P. D. # 1 Dec	& Huidson	MeNo. St., St., death occurred in a horpital or institution, give its NAME instead of street and num	Ward	
Length of residence in city or town where death o		ds. How long in U. S. if of foreign birth?yrsmos		
2. FULL NAME Susum	, OS. Titze			
(a) Residence: No	Usual place of abode)	St., Carro Ward. Co .  If nonresident give city or town and Sta	ite	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Femule 9thite of	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH Que 20, 19 (Month) (Day)	93 6 , (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of lake sulph	m. Fize	22. I HEREBY CERTIFY, That I attended dece Junuary 13 to 1936, to May 20 E	eased from	
6. DATE OF BIRTH (month, day, and year) Mane	h 25.1855	I last saw h la alive on May 9 th, 1936; de	eath Is sald	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at F. 1.3. A.m.		
8)   1	orhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as in lows:		
8. Trade, profession, or particular		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ato of onset	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	use wife.	arterio-Salvais 1	930	
WORK WAS GOING, AS STER IN LE.,	/			
10. Date deceased lest worked et this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Casholle (State or country)	fo.	Other Coutributory Causea of importance:		
13. NAME Mehrler &	MILLIA.			
E	our !			
(State or country)	-100	Name of operation Date of		
12180	P. No.	What test confirmed diagnosis? Was there an auto	psy? /0	
15. MAIOEN NAME / Atherine 16. BIRTHPLACE (city or town) Curvey  (State or country)	ence.	23. If death was due to external causes (VIOLENCE) fill in also the following:		
2 16. BIRTHPLACE (city or town) (State or country)	L CO.	Accident, suicide, or homicide? Date of Injury	_, 19	
17. INFORMANT Miss. Cores 05. 9	Tea.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) P. D. # / New 9	TARRIAGE INS.			
Place Mentlow Brunch Dat	May 22 1036	Manner of injury		
19. UNDERTAKER LOM. MA	ut-	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 72.	D	
(Address)	elik my	If so, specify 411		
20. 11. 18 ay 20 1936 Grang	& Benefit!	(Signed) Littley they	M; D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	16.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BUREAU V. S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5091
1. PLACE OF DEATH 00	8 7 092
County Christ	Registration Dist. No.
Village or City ALPES	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos.	ds. How long in U.S. if of foraign blrth?yrsmosds.
2. FULL NAME offant that	Z)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 1 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oav)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaased from
[-1] 1936	May 1, 1936, to Why 17, 1936
6. DATE OF BIRTH (month, day, and year)	I last saw h last death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Trymature
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	July
10. Oata deceased last worked at this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I 3. NAME JOHN CLAFE	
13. NAME Color (City or town)	Name of operation Oate of
(State of Country C	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME CLASSIFICATION OF THE STATE	Accident, suicide, or homicide? Data of injury, 19
(State of apunity)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AU PLATE	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place My Justs Date 1,10 6	Nature of injury
19. UNDERTAKER JOLIAN LEAFE	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Canally	If so, specify
20. FILED 1 /1 ), 19 6 6 1 1 1 3 7 7 1 mm	(Signed) Company (Signed) (Signed)
Registrar.	(Address) files languages the

ed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis JUN 3 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
State of the Control			
Other contributory causes of importance:		Other contributory causes of importance: .	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS E	SY PH	YSICIAN
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V. S. No. 1

Exact statement of OCCUPA.

properly classified.

USE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

HON is very important.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 5	199
1. PLACE OF DEATH		23	044
County Carrall	***************************************	Begistration Dist No. 7	7.
Village or City Sykes	elle	No. Specing feels State See	feetward.
Langth of residance in city or town where death		death occurred in a hospital of institution, give its NAME instead of street and it. 2. 6.ds. How long in U.S. if of foreign birth?mrsm	
2 FILL NAME ESITA	Jain or	If U. S. Veteran, specify WAR	
(a) Residence: No.		St. Ward. Luke oille	Lud
(a) residence. No.	(Usual place of abode)	If ponresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Months)  (Day)	, 193 -6 (Yeer)
ia. If merried, widowed, or divorced HUSBAND of			
(or) WIFE of		22. I HEREBY CERTIFY, That I attended  Quaguest 15 19 35 to Illau B	deceased from
5. DATE OF BIRTH (month, day, and year)	- day 1885-	1	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 4.4.5 m.	
5-/	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		. L	Date of onset
SAWYER, BOOKKEEPER, etc	Macel	Subucculous of the	1933
work was done, as SILK MILL, SAW MILL, BANK, atc	_	Lugo	
10. Date deceased last worked at this occupation (month end year)	II. Totel time (years) spent in this occupation		
Ball	Luore	Other Coutributory Causes of importanca:	
(State or country)	elaud.	Psychasis well Epilepsy	1900
13. NAME Charles T. Lac	not		
14. BIRTHPLACE (city or town)	kurcon	Name of operation Date of	
(State or country)	queia.	What test confirmed diegnosis? X - Key Was there an a	iutopsy?
15. MAIDEN NAME CLIPA C	Souder	23. If death was dua to axtarnal causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town)  (Stete or country)	regland	Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
17. INFORMANT Haspital (Address) Byker	Recards	(Specify city or town, county and Stat Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CHEMATION, DR REMOVAL		Manner of injury	***********
Madoudow VK D	no May 6, 1930	Neture of injury	
19. UNDERTAKER ELECTION C	200K	24. Was disease or injury in any way related to occupation of deceased?	
(Address) 1217 5x 6 aul	- streety	If so, specify	
20. FILE MAY 4, 19 36 CA	any Muse	(Signad) Maced III Cles	M. D.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis  9E6I FT AVW	1 year

D. Every item of infor-

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT REC

-WRITE PLAN

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

1. PLACE OF DEATH		(97)	40
County Carrell		Registration Dist. No.	7 40
Village or City Sypers		No Pering Kell Ktale Nass	pelection
landbatania in itu		death occurred in a horpital of fustitution, give its NAME instead of street 6	nd number)
1.	death occurredyrsmos		u
2. FULL NAME Marga	kel yeary	If U. S. Veteran, specify WAR	ON 1
(a) Residence: No.	(Usual place of abode)	St., Ward. Sagle If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193_6(Year)
5a. If married, widowed, or divorced HUSBAND of	V		
(or) WIFE of		22. I HEREBY CERTIFY, That I attended to the second of the	ded deceased from
6. DATE OF BIRTH (month, day, and year)	ugust 15. 1859	I last saw half alive on May 15, 19.	?; death is sai
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
16 1	ormin.	were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	More	Venetal allerior lectores	190
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and year)	I1. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	ruserocon	Other Contributory Causes of importance:	194
(State or country)	Clary Royd.	alteriorelevie	
II 13. NAME Owen &	ugene Teaky		
14. BIRTHPLACE (city or town)	leekeron	Name of operation Date	of
(State of country)	breland.	What test confirmed diagnosis? Wes there	an autopsy?
15. MAIDEN NAME Calhere	me Kulling	23. If death was due to external causes (VIOLENCE) fill in also the folio	wing:
15. MAIDEN NAME Cachere  16. BIRTHPLACE (city or town)	Meken	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	ereland	Where did injury occur?(Specify city or town, county and	State)
17. INFORMANT Had star (Address)	world md	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	L. Date May 18, 1936	Manner of injury	
19. UNDERTAKER C. M. Sus	Lower Mid.	24. Wes disease or injury in any way related to occupation of deceased	
20 FILED May 16 1936 C	Harry Weeks	(Signed) Many Ul Many	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	a Î	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 3 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Section Control of the Control of th			
Other contributory causes of importance:		Other contributory causes of importance:	make at 12
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT REC FOR BINDING MARGIN RESERVED

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate. -WRITE PLA B

	IARYLAND—	CERTIFICATE OF DEATH 5024
1. PLACE OF DEATH	Ohion the Park Line	463) X
County Carroll Carroll	DA NA	Registration Dist. No.
Village or City Westminster	2 45	No. Park Place St., Ward
Length ot residence In city or town where death occur	rred7.5yrs,mos	No. Park Place St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  s
	Gilbert	
(a) Residence: No. Lark Pl		St. Ward.
	ual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL F		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGI OR D.	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH
	married	May 9, 193.6. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Ann Pound		22. HEREBY CERTIFY, That I attended ecceased trom
(or) WIFE of Julia Ann Powd	er	Jan. 10 1036 to May 9 19 196
6. DATE OF BIRTH (month, day, and year) Januar	y 27, 1855	Hast saw h alive on May 9 1, 1236; death is said
7. AGE Years Months D	ays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12.43 m.
	2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular hind of work done, as SPINNER, Mer SAWYER, BOOKKEEPER, etc.	chant	( harman harman
9. Industry or business in which	tired)	Commerce 1933
work was done, as SILK MILL,	ori ea /	The first of the second
- A free this occupation (month and	. Total time (years) spent in this	(Corcinoma)
year)	ocaupation	Other Contributory Canses of importance;
12. BIRTHPLACE (city or town)		
(State or country) Maryland	A	
13. NAME John Gilb	ert	
4. BIRTHPLACE (city or town) (State or country) Maryland		Name of operation Date of Date
œ	_ 9	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sarah Fra	zier	23. It death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country) Waryland		Accident, suicide, or homicide?
17. INFORMANT Mrs. Ralph Re	ifaniden	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Westminster	Md.	
18. BURIAL, CREMATION, OR REMOVAL	May 11 36	Manner of injury
Place Kriders Cem, Date	May 11, 1936	Nature of Injury
19. UNDERTAKER J. Francis R		24. Was disease or injury In any way related to occupation of deceased?
(Address) Westminster,	Md.	If so, specity
20. FILED / 0 , 19 6 HC	woodway	(Signed) M. D.
If more blanks are	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis VEAU V. S.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Address)

20. FILED May

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF DEATH 5025
County Cassall	(210-100) 1
Village or City Greenmount	Registration Dist. No.
(IF	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Samuel Edward &	Iraham
(a) Residence: No. Hamfesterd and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH  (Month) (Day) (Yaar)
5a. I1 married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
(vi) wife vi	, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) Leb 26-1924	l lest saw h; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated above, at 7.30 f.m.
1 1 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance wera as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	facture of speell and
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  SAW MILL, BANK, etc.	
10. Data daceased last worked at this occupation (month and year) occupation .	- bicycle callisions CureR
12. BIRTHPLACE (city or town) Bel Air (State or country) Hardows Country Ind.	Other Contributory Causes ol importance:
13. NAME Carroll C. Graham	
13. NAME Carroll C. Grahame  14. BIRTHPLACE (city or town) Union Bridge (State or country)	Neme of operation
15. MAIDEN NAME Coral Hundertmank	What test confirmed diagnosis? Wes there an autopsy? 23, 11 deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ballo Co. (Stata or country)	Accident, suicide, or homicides Accident Date of Injury 3/11, 1936
17. INFORMANT Cauall & Graham (Address) 30 auch to a mal	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL  Place Mr. Zuin Dete May 14, 1936	Menner of injury Automobile and bienele collision.
10 HADEDTAVED ELLOS Taleton	Neture of injury Lumonobate and trayle collision.

Registra If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Il so, specily

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
ATTETTOSCIETOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 11830	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	1 14		
		West of the second seco	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	MAKILAND-	-CERTIFICATE OF DEATH 50	26
County Cours	11	Project to Did to	3
····	1. mal	Registration Dist. No	9
1	rine /vie.	NoSt.,St.,	Wa
Length of residence in city or town where	death occurred y yrs,mo	sds. How long in U.S. if of foreign birth?yrsr	mos
2. FULL NAME Fram	eis Jo Gum	is ·	
(a) Residence: No. A	(Usual place of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  24	., 193 6
ie. If married, widowed, or divorced HUSBAND of (or) WIFE of Cather	me Gremes.	22. I HEREBY CERTIFY, That I attended  March 1936 to March 25	d deceased fro
DATE OF BIRTH (month, day, and year)	69-8-5	I last saw h sin alive on May 23 1931	: death is sa
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, A_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Lade, profession, or particular	) 1.0 6 6	wold as fullows.	Date of ons
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	tail Muchant.	murcarditio (Cha)	?
moustry or business in which work was done, as SILK MILL,	On Show		
10. Date deceased last worked at this occupetion (month and house)	11. Total time (years) spent in this occupation	Endocarditio (Chs)	?
2. BIRTHPLACE (city or town) Loan	roll 6	Other Contributory Causes of importance:	
(State or country)  13. NAME  Avillage	Mel Gumes.	Centr Cardiax Slibert	5/24/
14. BIRTHPLACE (city or town)	isroll los	Name of operation Date of	
(State of country)	mel.	What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Mary	Lonaway.	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	carroll &o.	Accident, suicide, or homicide? Date of injury	
(State or country)	-mil	Where did injury occur?	
7. INFORMANT Mer. Cather (Address) Hovel	hui Med.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
8. BURIAL, CREMATION, OR REMOVAL	70. 01 31	Manner of Injury	
Place/Margan Chappel Cart	4 Date May 26, 1936.	Nature of injury	
9. UNDERTAKER 6. 2M.; (Address)	Walte mel	24. Was disease or injury In any way related to occupation of deceased?	
0. FILED May 25, 1936 Ed	ka M. Herelett	(Signed) Marly Frabil	7. M.

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Example I			Example II		
The principal cause of importance were	e of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial	ephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 16 1936	July 5,1927	Peritonitis	3 days ago	
	BURFAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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REC BINDING FOR RESERVED MARGIN

PERMANENT THIS UNFADING state

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County (Oar Registration Dist. No Village or Citwe. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Year) 5e. If married, widowed, or divorced HUSBANO of 22. Thet I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) If LESS than 7. AGE Years to have occurred on the date stated above, at 1 dey,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. Date of onset 8. Trede, profession, or perticular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ... 1. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc .... 10. Dete deceesed last worked et 11. Totel time (yeers) this occupation (month and spent in this ccupetion \_\_\_\_ 12. BIRTHPLACE (city or town (Stete of country) FATHER 13. NAME 14. BIRTHPL E (city or town State or country What test confirmed diegnosis?. Was there an eutopsy?\_\_\_\_\_ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? \_.. 16. BIRTHPLACE (city or town) (State or country.) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN (Address) Menner of injury Nature of Injury 24. Wes disease or injury in any 19. UNOERTAKER (Address) If so, specify (Signed). Registrar. (Address

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example-I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage STEPSALL V. S. I	July 5,1927	Perilonitis	3 days ago	
Othor contributous course of imput	Å.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

5a. If married, wideward of divorced HUSBAND of (or) WHE of Police School Region 19 (or) WHE of Police	V	F MARYLAND-	CERTIFICATE OF DEATH 5	028
Village or City Museles Langth of residence in city or town where deeth occurred (If death occurred in a hoppital or insistation, give its NAME instead of street and number and the word in the subject of the control		-	Registration Diet No. 7	
Length of residence in city or town where death occurred.  (a) Residence: No.  (b) Honoresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS  DEFENSIVE COLOR OR RACE  S. SINCLE MARKED WIDOWED  OBSTONACE Control of the state of the s	2011		No. St	W
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED,  S. SIMOLE, MARKED, WIDOWED,  S. If married, wideward, Edward and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED,  S. If married, wideward, Edward, S. SINGLE, MARKED, WIDOWED,  S. If married, wideward, Edward, S. SINGLE, MARKED, WIDOWED,  S. If the EBY CERTIFY, Thet I attended decase of this state of the state debove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date stated ebove, at 19. deel to have occurred on the date occurred occurred on the date occurred occurred on the date occurred on the date occurred on the date occurred on the date	Length of residence in city or town where d	leeth occurred 1 6 Mu	f death occurred in a horpital or institution, give its NAME instead of street and s	d number) mos
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  DR. DAYORCEO (write the wayd)  3. SEX  4. COLOR OR RACE  DR. DAYORCEO (write the wayd)  A. DATE OF DEATH  J. D	2. FULL NAME Wille	am H. 24	offman	
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED  ORD DYORCHO COUNTY OF MANY OF A COLOR OF REALTH OF DEATH  21. DATE OF DEATH  DATE OF BRTH (month, day, end year)  MEDICAL CERTIFICATE OF DEATH  J. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED  (Month)  (Dey)  (Month)  (Dey)  (Month)  Determined decease  19  10  11  11 HER EBY CERTIFY, Thet I ettended decease  19  10  11 Itest saw h. alive on  19  10 to have occurred on the date stated above, at . D. D	(a) Residence: No.	(Usual place of abode)		nd State
Multiplication of the word of the profession, or perticular side of the word o	PERSONAL AND STATISTI	CAL PARTICULARS		
5. If married, wideward IT Worked HUSBAND of Mellin Schubkagel  6. DATE OF BIRTH (month, day, end yeer)  7. AGE  7. AGE  8. Trede, profession, or perticular kind of work done, as SPINNER, Or min.  8. Trede, profession, or perticular kind of work done, as SPINNER, Or min.  9. Industry or business in which work was done as SILK MILL Clothury factory  SAW MILL, BANK, etc.  9. Industry or business in which work was done as SILK MILL Clothury factory  SAW MILL, BANK, etc.  9. Industry or business in which work was done as SILK MILL Clothury factory  SAW MILL, BANK, etc.  10. Dete decased last workdayst this occupation (month drugs)  10. Dete decased last workdayst this occupation work and the state of bove, at Let Land to the voccured on the date state of bove, at Let Land Clothury factory  Were as follows:  11 It als saw h alive on.  12 Industry or business in which work was done as SILK MILL Clothury factory  SAW MILL, BANK, etc.  9. Industry or business in which work was done as SILK MILL Clothury factory  SAW MILL, BANK, etc.  9. Industry or business in which was done to cause of Importence:  12. BIRTHPLACE (city or town)  (Stete or country)  13. INAME Land Clips or town)  (Stete or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MIDDEN NAME ALLOW AND ALLow ALLow ALLow Allow And Allow A	3. SEX Mule White	OR DIVORCED (write the word)	may 16	, 193 6
6. DATE OF BIRTH (month, day, end yeer)  17. AGE  18. Trade, profession, or perticular kind of work done, as SPINNER. Commin.  18. Trade, profession, or perticular kind of work done, as SPINNER. Commin.  18. Trade, profession, or perticular kind of work done, as SPINNER. Commin.  18. Trade, profession, or perticular kind of work done, as SPINNER. Commin.  18. Trade, profession, or perticular kind of work done, as SPINNER. Commin.  18. Trade, profession, or perticular kind of work done, as SPINNER. Commin.  18. Trade, profession, or perticular kind of work done, as SPINNER. Commin.  18. Trade, profession, or perticular kind of work done, as SPINNER. Commin.  18. BIRTHPLACE (city or town)  19. Indext was done, as SPINNER. Commin.  19. Indext was done to a spin the date stated above, at which to have occurred on the date stated above, at which to have occurred and related causes of importance were as follows:  10. Date doceased last worked at the profession was a spin in this by occupition.  10. Date doceased last worked at the profession was a spin in this by occupition.  10. Date doceased last worked at the profession was a spin in the profession. Commin.  10. Date doceased last worked at the profession was a spin in the profession.  10. Date doceased last worked at the profession was a spin in the profession.  10. Date doceased last worked at the profession was a spin in the profession.  10. Date doceased last worked at the profession was a spin in the profession.  10. Date doceased last worked at the profession was a spin in the profession.  10. Date doceased last worked at the profession was a spin in the profession.  10. Date doceased last worked	HUSBAND of	elub Kagel		(Year
7. AGE  Years  Months  AGE  Years  Months  AGE  Years  Months  AGE  Years  AGE  AGE  AGE  AGE  AGE  AGE  AGE  AG	E DATE OF BIRTH (month day and year)	new 11-1894		, 19
8. Trede, profession, or perituals in this does not be as SPINNER SAWYER BOOKKEPER, etc.  9. Industry or business in which was a spinner and the spin of the spin which shall be spin which shall be spin which shall be spin which spin which shall be spin which spin		/ ( 1 dey,hrs.	to have occurred on the date stated above, at 6,50 pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	; deetii is
9. Industry or business in which Sale WILL Path Industry actory SAW MILL, BANK, etc.  10. Dete deceased last worked sat specific in this occupation (month graph of the specific in this year)  11. It all time (years) Say MILL, BANK, etc.  12. BIRTHPLACE (city or town) (Stete or couptry)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  17. INFORMANT  18. BURNAL OBSMATION OF REMAIN.  PROMITED AND SANE SALE SALE SALE SALE SALE SALE SALE SAL	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER BOOKKEEPER, etc.	Diesser	were estollows:	Date of o
12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)  15. MAIDEN NAME  (Stete or country)  16. BIRTHPLACE (city or town)  (State or country)  (Address)  17. INFORMANT  (Address)  (Add	9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc	othing Jactory	augina Pestous	
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, OREMATION, OR REMAIN  (Address)  18. BURIAL, OREMATION, OR REMAIN  (Address)  19. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  11. OREMATION, OR REMAIN  (Address)  (Addres	this occupation (month and all)	/7/ spelot in this \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
15. MAIDEN NAME (city or town)  15. MAIDEN NAME (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, OREMATION, OR REMAYNI  PIRALELELE MEL Dete May 1, 1936  19. UNDERTAKER Cause (Address)  19. UNDERTAKER Cause (Address)  10. BIRTHPLACE (city or town)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Menner of Injury  Neture of Injury  19. UNDERTAKER Cause (Address)  20. FILED May 26, 1936 Mrs. 9. 9. S. Demon		land	Other Contributary Causes of Importence:	
14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, ORDMATION, OR REMAIN  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. What test confirmed diagnosis?  Westhere en eutopsy  20. FILED May 26, 1936 Mas. Ar. R. S. Demon	13. NAME GLOVGE H	offua		
What test confirmed diagnosis? Wes there en eutopsy  15. MAIDEN NAME (Living Mandred)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT My Way of the following in the following i	14. BIRTHPLACE (city or town)	lifting		
Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, OREMATION, OR MENON  PICAL COLUMN STATE OF THE DETERMINATION OF MENON  19. UNDERTAKER Caucal State of May 1936  (Address)  24. Wes disease or injury in any way related to occupation of deceesed?  If so, specify  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of Injury  Neture of Injury  19. UNDERTAKER Caucal State of May 1936  (Address)  24. Wes disease or injury in any way related to occupation of deceesed?  If so, specify  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signature of Injury occurred in Injur		Harduel		
17. INFORMANT My Discourse of Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address) Musclestes That  18. BURIAL, ORGANATION, OR REMAIN  PIRA analystes All Dete May 79, 1936  Neture of Injury  19. UNDERTAKER Causay Stead Mag  (Address) Lawy Stead Mag  24. Wes disease or injury in any way related to occupation of deceesed?  (Address) Lawy Stead Mag  25. FILED May 26, 1936 Mag. A. R. S. Domes  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Menner of Injury  Neture of Injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)	16. BIRTHPLACE (city or town)  (State or country)	wlast.	Accident, suicide, or homicide? Dete of injury	protection.
Pinaudiestes Mel Dete May 79, 1936  Neture of Injury  19. UNDERTAKER Cause Stead Med  (Address) Laure stead Med  24. Wes disease or injury in any way related to occupation of deceesed?  If so, specify  (Signed) URS Level  (Signed)	17. INFORMANT My Wry	Hi) toffyan	(Specify city or town, county and Sta	ate) LACE.
19. UNDERTAKER Church States All Med 24. Wes disease or injury in any way related to occupation of deceesed?  If so, specify  (Signed) URS Security  (Signed)		Dete May 29, 1936	75 - 1	
20. FILED May 26, 1936 Mrs. Gr. A. S. Denne (Signed) WRS Denne		silaton	24. Wes disease or injury In any way related to occupation of decessed?	
	1 10		(Signed) WRS benul	u d

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis - LIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: S.  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 5029
1. PLACE OF DEATH	(59)
county Carroll	Registration Dist. Np.
Village or City Westminster	ND. Crawlforin St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
000	mosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Charles Howard	Hughs
(a) Residence: No. Cerular Ed. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
Male On fact. OR DIVORCED (write the word)	
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	19 19 19
6. DATE OF BIRTH (month, day, end year) 22 2 - 193	50136
7. AGE Yaars Months Days if LESS that 1 day,	
8. Trada, profassion, or perticular	were as follows: Date of onset
6. Had, profession, or perturbation of kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	
	Buch
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	( tun Le /
10. Date dacaased last worked at this occupation (month and spent in this	(Co Mo)
year) occupation	Other Contributary Canses of importance:
12. BIRTHPLACE (city or town) Westward	
(State or country) may land	
I 13. NAME James Shillman Hughes	
13. NAME James Shillman Hagher 14. BIRTHPLACE (city or town) DV easymmate	Name of operation Date of
(State of Country) may land	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mangret angline Brighty  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)   (State or country)	Accident, suicide, or homicide?
(State of County) Mayland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs of Lanch Langhas (Address) (Wealness To	Specify whether injury occurred in HDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Westmale Claragate May 23, 193	
41B 6 845	24. Was disaase or injury in any way related to occupation of deceased?
19. UNDERTAKER And American American (Address) (October 2012)	A so, spacify
V/3.36 Sellens	(Signed) W. C. Francello M. D.
20. FILED 19-10 PT Registrary	(Addrass) Washington Me
If more blanks are needed, address State Regist	ear, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
2			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:	

# V. S. No. 1

1	. PLACE OF	F DEATH				59	
	,	www	2			Registration Dist. No.	94
		dence in city or t		, ,,	3	No. Springfield State Hould state death occurred in a horping or institution, give its NAME instead of streets.  3. ds. How long in U.S. If of foreign birth? yrs.	St., Ward
	. FULL NAI	0	O \	) Loo			mosas.
2	(a) Resident	C 1	D.O.	mounts.	R.F.B ±	If U.S. Veteran specify WAR.	
			The same of	Usual place	of abode)	If nonresident give city or to	
				ICAL PART		MEDICAL CERTIFICATE OF DEA	TH
3. S	male	4. COLOR OR		OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 <b>(</b> Year)
5a.	If married, widow HUSBAND of		mes.	a Ym	real	22. I HEREBY CERTIFY. That i at	tandad dacased from
	(or) WIFE of	3/0	mes.	α	7	20 10 10	01934.
6. D	DATE OF BIRTH (	month, day, and	year)	1850, x	voidly Day.	1 120 - 0 1	9.36.; death is said
7. A		s b	Months	Days	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 5130 R.m.	
			ca rei		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	Date of onest
S O	8. Trade, profes	sion, or particul ork done, as SP BOOKKEEPER, o	INNER,	No.		0.04	
_ ,	9. Industry or	business In whic	h			Cerebral Thrombonia	1925
OCCUPAT	9. Industry or I work was SAW MIL					Continue was a market and	5-18-30
8	To. Date decease this occup year)	oation (month an	it id	11. Total t	time (years) ent in this		
		11	0-	. 0	upation	Other Contributory Causes of Importance:	
12.	State or coun		malage	land.		Dialette Mellitins	Know
2	13. NAME -	- S:	sil.	7			2-26-3
FATHER	14. BIRTHPLACE	(city or town)	· lu	would		Name of operation Da	te of
	(State or		0	many		What test confirmed diagnosis? Was the	
HER	15. MAIDEN NA	ME	- Ha	man		23. If death was due to external causes (VIOL ENCE) fill in elso the fo	ollowing:
MOT	16. BIRTHPLACE		.West	bruins	٥,	Accident, suicide, or homicide? Date of injury_	, 19
	(State or	country)	w	aryku	4	Where did Injury occur? (Specify city or town, county a	and State)
17.	(Address)	ashidan	2. Reco	ville, n	ng -	Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	LIC PLACE.
18.	BURIAL, CREMAT	ION, OR REMOV		0	e21,1936	Manner of injury	• • • • • • • • • • • • • • • • • • • •
19.	UNDERTAKER	Here	alor	e du	Y	24. Was disease or injury in any way related to occupation of deceas	ed?
	FILEDWay	13/ 103	a Co	Harry	Heer	(Signed) MD brighing Bay	

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FECFIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

be carefully supplied.

mation should -WRITE

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE	OF DEA	TH			107-0	15	~ /
County_	Carr	011				Registration Dist. No	74
Village (	rasidence in c	ykesvil	daath occurrad	(II	No. Springfield  f death occurred in a hospital or institution  ds. How long in U.S. if of the	State Hosp on, give its NAME instead of state foreign birth? yrs.	eSt., Ward treet and number)
2. FULL 1	NAME I	Mary Wa	sserman	Mevers		0001	
				unt Ave.	St., Ward.	If nonresident give city or	town and State
PERS	ONAL AN	ID STATIST	ICAL PARTI	CULARS	MEDICAL CE	RTIFICATE OF DE	ATH
3. SEX Female		or or race		RIED, WIDOWED, D (write the word) ted	21. DATE OF DEATH	(Month) (Dey)	,, 1936 (Yaar)
5e. If married, w HUSBAND (or) WIFE	of	nknown			22. IHEREBY March 26, 1	CERTIFY. That I	
6. DATE OF BIR	TH (month, da	y, and yaar) M	arch 8,	1908	I last saw h_Gr alive on Ma		
7. AGE	Yaars 28	Months 1	Days 25	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH were as follows:		nca Date of onset
9. Industry work SAW	rofassion, or p of work done, YER, BOOKKEI or businassions dona, as was dona, as MILL, BANK, caasad last wo	, as SPINNER, EPER, etc n which SILK MILL, etc	None	ima (years)	Broncho-pneum Primary.	onia	
	occupation (mo	onth and	spa	nt in this upation	Other Cantributory Causes of Import	tance:	
(State or	country)		ssia.	-	Schizophrenia	. 9	1925
H 14. BIRTHPI	ACE (city or to	own) Unkn	own. ssia.		Name of operation What test confirmed diagnosis?		
₩ 15. MAIDEN	NAME I	da Mill			23. If death was dua to external cause		
	ACE (city or to te or country)	Unkn			Accident, suicide, or homicide?  Whare did injury occur?	Data of injur	y, 19
17. INFORMANT (Addrass		ospital Sykesv	records	s. 1.	Specify whether injury occurred in	(Specify city or town, count INDUSTRY, in HOME, or in Pt	y and State) JBLIC PLACE.
18. BURIAL, CRE	MATION, OR		Moote 5-	4- ,1936	Mannar of injury		
19. UNDERTAKE (Address		S PEPI	ing In	D. At	24. Was disaase or injury in any way		eased?
20. FILE	44	1936 W	Yarry,	Registrar.	(Signed) M. Jurgian (Address) Suk	a Beyon md -	M. [

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death indirelated causes of importance were as follows:  Arteriosclerosis	1915	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:	-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

1. PLACE OF DEATH	MANILAND	CERTIFICATE OF DEATH 5	032
County Carroll	/	Parishedian Diet. No.	17
Village or City & Camely	ate and had	Registration Dist. No.	
7		NOSI f death occurred in a hospital or institution, give its NAME instead of stree	
Length of residence in city or town where	leath occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrs	mosd
2. FULL NAME affect	Miller		
(a) Residence: No. Carre	festead n	CSt., Ward.	
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or tow  MEDICAL CERTIFICATE OF DEAT	The second secon
FEmale Whele	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	. 193 6
5a. If married, widowed, or divorced	readin	(Month) (Day)	(Year)
(or) WIFE of	om, elen	22. I HEREBY CERTIFY, That I atte	ended deceased fro
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14 .000	May 0 , 19 76, 10 May	193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	101-1-1807	171	36; death is sa
7 h	Days If LESS than I day,hrs	to have occurred on the date stated above, at	
8. Trade, profession, or particular	ormin.	were as follows	Date of she
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	ansunts.	refreccion	hapo
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Certeiro- Delerous Den	1. Park
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)		
this occupation (month and year)	All spent in this All	, J	
12. BIRTHPLACE (city or town)	leadin	Other Contributory Causes of importance:	
(State or country)	sland	Los bul As	21
13. NAME John 13	tose		c one
14. BIRTHPLACE (city or town)	non	Name of operation Date	of
(State of Country)		What test confirmed diagnosis? Was ther	e an autopsy?
15. MAIDEN NAME Autono	zui	23. If death was due to external causes (VIOLENCE) fill in also the fol	lowing:
0 16. BIRTHPLACE (city or town)	moni	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	011	Where did injury occur? (Specify city or town, county an	d State)
(Address) Hange	lead mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	C PLACE.
18. BURIAL, OREMATION, OR REMOVAL	1 may th 21	Manner of injury	
Place dulpted the	Date 1996	Nature of injury	->
19. UNDERTAKER & AW OH (Address) Haupit	sploud and	24. Was disease or injury in any way related to occupation of deceased if so, specify	1.10
20. FILED May 8, 1926 Jos	111 - X - 0	(Signed) Edgas M. Quel	V

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones BUREAU V. S. I	May 1,1923	Gastroenteritis	1 year		

# STATE OF MARYLAND—CERTIFICATE OF DEATH 5033

1.	PLACE OF				-(97)	) 5 Registration Dis	et No	74
	Village or City	Lyke	swille	1 1/	No. August death occurred in a hospital of	Hell Alle Institution, give its NAME in	nstead of street and	
2.	FULL NAM  (a) Residence		Makey (Usual place	Marse		eran, specify WAR	at d	522 Ma
	PERSONA	L AND STATIS			MEDICA	L CERTIFICATE	OF DEATH	
3. S	¥. 1	4. COLOR OR RACE	OR DLYORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEA	TH Mag (Month)	(Day)	
5a.	f married, widowed HUSBAND of (or) WIFE of	or divorced	2. Har	ee		EBY CERTIFY.		d deceased
6. D		5 9	Days	If LESS than 1 day,hrs. ormin.		te stated above, at		Date of
LY OCCUPA	10. Date deceased this occupat	lone, as SILK MILL, BANK, etc	11. Total t spe occ	ime (years) nt in this upation	Other Contributory Causes	of importance:	leal	79
FATHER	13. NAME  14. BIRTHPLAGE (C)  (State or co		Hukus	enell"		worther a	Date of.	
MOTHER 17.	15. MAIDEN NAME  16. BIRTHPLACE (  (State or co	E Mary	Nall eluke uglan Rec	elle	23. If death was due to extern Accident, suicide, or homic Where did injury occur?	rnal causes (VIOLENCE) fill i ide? Da (Specify city or to urred In INDUSTRY, In HOMI	n also the following te of injury	ing: , 19_
18.	(Address) BURIAL, CREMATIO	ON, OR REMOVAL	Date Mo	Md.	Manner of injury			
19	UNDERTAKER W	lamen E.	Perma	herry-		any way related to occupati	on of deceased?	

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

V. S. No. 1 M ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 503	34
1. PLACE OF DEATH	120) 15	J 72
County Carroll	Registration Dist. No.	74
Village or City Sykronella	No feering free A State Has fixed death occurred in a supplied or iostitotion, give its NAME instead of street and nu	Ward
Length of residence in city or town where death occurred 2 yrs. 9 mos		
2. FULL NAME Reng Stern Mar	lf U. S. Veteran, specify WAR	
(a) Residence: No. 6206 Park Augus (Usual place of abode)	Ward. OOO!  If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mon(h) (Dey)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. y   HEREBY CERTIFY, That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year) fiely 1992	I last saw h_lx_eliva on_Thay_6; 19.36;	death is said
7. AGE Years Months Deys If LESS than 1 day, hrs.	to have occurred on the data steted above, et 3.554 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware es follows:	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tester - Cololis	Date of onset
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		
10. Data dacaased lest worked at this occupation (month and yaar)		
12, BIRTHPLACE (city or town) Ballineare	Other Coutributory Causes of importance:	
(State or country) Mary Rased	agilated Nepressian	1928
13. NAME Jordan, Massa		
14. BIRTHPLACE (city or town)  (Stata or country)  (Stata or country)	Nama of operation	topsy? UD
15. MAIOEN NAME Carrie Sterse	23. If death wes due to axternel causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Nachetal Regards (Address) Lyherulle led	(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18. BURIAL CREMATION, OR REMOVAL Date May 9, 1936	Manner of injury	
19. UNDERTAKER (Addrass) 7773 Rent John A. 9	24. Was disease or injury in any way related to occupation of daceased?	
20. FILED May 7, 1936 Coffairy Frank	(Signad) Mared III Cees M	M. D.
***************************************	V	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II	
The principal cause of of importance were as f Arteriosclerosis	death and related causes- ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage	ALIV A FRANCE	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S	1		
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	2
5 777	DISTRICT A NEWSTIN
BINDING	Digital A
H	4
FOR	S.
	DEAL SE
RESERVED	24144
	NA ANA
MAKGIN	Carried A Service
7	1

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Carrall should item (If death occurred in a hospital of postitution, give its NAME instead of street and number) 7 ds. PHYSICIANS How long in U.S. if of foreign birth? vrs. mos. Exact statement If U. S. Veteran, specify WAR ECORD. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) Mudane (Month) classified. 5a. If married, widowed, or divorcad HUSBAND of O 22. CERTIFY. (or) WIFE of Receed Œ certificate. 6. DATE OF BIRTH (month, day, and year) properly Days 7. AGE Years Months If LESS than to have occurred on the data stated above, at 12.0. Clm stated 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance 3 or .... min. 8. Trade, profession, or perticular PATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc ..... back may Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc..... OCCU 10. Data deceasad last worked et 11. Total time (years) no this occupation (month and spant in this that AGE occupation\_ instructions 12. BIRTHPLACE (city or town) (State or country) supplied plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation\_ (State or country) carefully What tast confirmed diagnosis?. MOTHER important. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicide? DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occur?\_\_ Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT should Very OF (Address) 18. BURIAL, CREMATION, OR MEMOVAL Menner of injury -WRITE 02 AUSE mation Nature of injury. NO 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER If so, specify 20 (Signed) Registrar. (Address) \_\_\_

Registration Dist. No. If nonresident give city or town and State 6 193 (Day) (Yaar) That I attended deceased from Date of onset Wes there an autopsy?... (Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	HEQT 0 1038	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

infor-

Exact statement of OCCUPA.

N. B.—WRITE PLAIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5036
1. PLACE OF DEATH	930
County Canal	Registration Dist. No. 80
Village or City Bearetti	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	
(a) Residence: No. Benefit: Mil (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May (193 (Year)
5a. If married, widowed, or divorced HUSBANO of Goruse Myers.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Service 1881 7. AGE Years Months Days If LESS than	I last saw h alive on
Table 1 lears multins Vars 11 Less than 1 day,hrs. orhrs. orhrs.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic myocarbilis 1930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) - Community 60	Other Contributory Cames of Importance:
13. NAME HENRY MAREN, .	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Pachel Vrie.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lawell 60. (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mys. Louise Myers. (Address) P. S. 3. Sylvery le Met.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Mt: Sione senery Date Musy 9, 1936	Manner of injury
19. UNOERTAKER Le-M. Hart.  (Address) Transaction Med.	24. Was disease or injury in any way related to occupation of deceased?
may 9 3/25 m 7/21/4	(Signed) MCAMOOL M.O.

190 4 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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	Example I	j	Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis CLIVEO!	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	JUN 16 1936			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PEALALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

illage or City	Westmin	aton		
ength of residenca In cit		3001.		No. Crowltown st,
	ty or town whera	death occurred 46	(If	(If death occurred in a horpital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmos
ILL NAME		Belle Nu		
) Residence: No.		Crowltow		St.,
i) Residence. No		(Usual place o		If nonresident give city or town and State
ERSONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
ale 4. COLO	white	OR DIVORCED	(write the word)	
rried, widowed, or divo BAND of WIFE of	rced	No.		22. MEREBY CERTIFY That I attended decease
OF BIRTH (month, day	( and year) .T	une 30	1889	I last saw h alive on May 26 136; death
Years	Months	Oays	If LESS than	to have occurred on the date stated above, at
46	10	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as forthws:
hata deceased last wor this occupation (more year) HPLACE (city or town).	ked at nth and	occu spen	t in this	Other Coatributory Causes of importance:
	wn)			Name of operation
IAIDEN NAME	.,			23. If death was due to externel causes (VIOLENCE) fill in also tha following:
IRTHPLACE (city or to (State or country)	um)			Accident, suicida, or homicide?, 19  Where did injury occur?, 19
	irs. El	la Nusba		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
L, CREMATION, OR R	EMOVAL			Manner of injury
KIANER	Francis			24. Was disease or injury in any way related to occupation of deceased?
The state of the s	A. COLO  a 1e  iried, widowed, or divo BAND of WIFE of  OF BIRTH (month, day Years  46  rede, profession, or pa kind of work done, SAWYER, BOOKKEE didustry or business in work was done, as SAW MILL, BANK, e ata deceased last wor this occupation (monyear)  IPLACE (city or town) tate or country)  AME  IRTHPLACE (city or to (State or country)  AIDEN NAME  IRTHPLACE (city or to (State or country)  MANT  ddress)  L, CREMATION, OR R ace 1 e a d O W I	4. COLOR OR RACE  ale White  ried, widowed, or divorced  BAND of WIFE of  OF BIRTH (month, day, and year)  Years Months  46 10  rede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. didustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  ata deceased last worked at this occupation (month and year)  IPLACE (city or town) tate or country)  MARY  AME Levi Nusl  IRTHPLACE (city or town) (State or country)  MARY  AIDEN NAME Ella  IRTHPLACE (city or town) (State or country)  MARY  MANT Mrs. El  ddress) Westmins  L, CREMATION, OR REMOVAL ace Meadow Branch (RIAKER J. Francis	A. COLOR OR RACE    4. COLOR OR RACE   5. SINGLE, MARR OR DIVORCED Sing ried, widowed, or divorced BAND of WIFE of	A. COLOR OR RACE    4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single   Singl

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		

V. S. No. 1

m

ż

(Address)

20. FILED May 7

1. PLACE OF	F DEATH arroll			Registration Dist. No. 74	
		ital n	ear Sylves		Word
				death occurred in a hospital or institution, give its NAME instead of street and number	_ward
Length of resi	dence in city or town where d	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
	ME Edward J				
(a) Residen	ce: No.2109 Bry			impre, Manyland.	
PERSON	IAL AND STATISTI	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	-
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
Male	White		D (write the word)	May 7th, 1936	reer)
5a. If merried, widow HUSBAND of (or) WIFE of	Anna ?	1117 EV 10		22. I HEREBY CERTIFY. Thet I attended decease April 15th 1936, to May 7th 1	ed from
& DATE OF BIRTH	(month, dey, and yeer) Ma	v 1. 18	183	last saw h 1m alive on May 7th 19 36; deat	
7. AGE Yea		Deys	If LESS then	to have occurred on the dete steted above, at 11:40 m2 . m .	. 10 0414
53	3	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
Trade, profession, or perticuler Helper in a sind of work done, as SPINNER restaurant and SAWYER, BODKKEEPER, etc. restaurant and 9. Industry or business in which bartender work was done, as SILK MILL, SAW MILL, BANK, etc.			a nt and	General paralysis of the insane,	ofonset
this occu	ed last worked at petion (month and	sps	time (yeers) ent in this upation		
12. BIRTHPLACE (ci		nd		Other Contributory Canass of importence:  Contributory Brocho pneumonia	
1	trick O'Mal	lev		5-6	<del>2</del> 36.
I 14. BIRTHPLACE				Name of operation Symptoms & autopate of What test confirmed diagnosis? Was there an autopsy	yes
IS. MAIDEN NA	ME Annabelle	Connor		23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Annabelle Connor  16. BIRTHPLACE (city or town).  (State or country) Ireland				Accident, suicide, or homicide?, 1  Where did injury occur?, 1	9
(Address)	ringfield S Sykesville, M	tate Ho	spital Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMAT		Dete Mo	49,1936	Manner of injury	
19. UNDERTAKER _ (	Richard	x. me	422	24. Was disease or injury in any wey releted to occupetion of deceased?No	

Registrar.

If so, specify

d) Harry F. Baer (Address) Syllewille,

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Chronic interstitial nephritis IIIN 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

should state B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH	362	(Washamana)	30	33	
County_C	carroll	Ma.	Colore	osis Sanatorium, Registration Dist. No. 74		
Village or	City Henryton,	Marylar	14.	No. St	Ward	
Length of re-	sidence in city or town where o	death occurred	O vrs O mos	death occurred in a hospital or institution, give its NAME instead of street and	number)	
			/13	Mana	10\$OS.	
	ME George H			o. S. Veterall, Specify WAR.		
(a) Reside	nce: No. 1363 N.	(Usual place	of abode)	Itsimore, which	d State	
PERSOI	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
Male Male	d color or race Colored	5. SINGLE, MAR OR DIVORCE METTIC	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 1936.  (Month) (Day)	., 193(Year)	
5a. If married, wido HUSBANO of (or) WIFE of	wed, or divorced Unknown			May 8, 1936 May 24, 1936	deceased from	
6 DATE OF RIRTH	(month, day, and year)	uly 28,		Hast saw h im alive oMay 24, 1936	, 19	
	ears Months	0ays 26	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 2.30 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance	, death 13 301d	
kind of	ession, or particuler work done, as SPINNER, R, BOOKKEEPER, etc.	Elevato	r Boy	were as follows:	Oate of onset	
	business in which as done, as SILK MILL,					
SAW MILL, BANK, etc		Pulmonary Tuberculosis 00				
this occi	THE TOWN	Unkn	ime (years) Doublinis upation		1935	
12. BIRTHPLACE (c (State or con	city or town) Balt:			Other Contributory Causes of Importance:		
13. NAME	William I	F. Paul		1		
	E (city or town) Bal	Ltimore.		Name of operation Oate of What test confirmed diagnosis? Was there an	autone v2NO	
15. MAIOEN NA	AME Nellie	J. Jones	3	23. If death was due to external ceuses (VIOLENCE) fill in elso the followin		
16. BIRTHPLACE (city or town) TOWSON.				Accident, suicide, or homicide? Oate of injury 19		
∑ (Stete o	or country)	Md.		Where did injury occur?		
17. INFORMANT (Address)	John E. 0' Henryton	Neill Na Md.	M. D.	(Specify city or town, county and Sta	te) .ACE.	
4-15	TION, OR REMOVAL	4	-/20 21	Manner of injury		
Place	a. grow	OateO	1076			
19. UNOERTAKER (Address)	Jaml 97	Share	You	24. Was disease or injury in any way related to occupation of deceased?	10	
20. FILE05/24	/36 ,19 Sep.	Local	Registrar.	(Signed) Henryton, Md.	C _ M. O.	
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	e s		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:	

V. S. No. 1

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n or	pluo	000	
iten	sh	of	
). Every	SICIANS	atement	
CCC	PHY	act st	
L RE	Υ.	Ex	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
PE	E	rly	cate.
IS A	state	prope	certific
HIS	pe	pe	Jo
K-T	plnous	t may	1 back
NG IN	AGE :	that i	ous or
UNFADI	pplied.	terms, so	NON is very important. See instructions on back of certificate.
H	y su	ain	See
WIT	refull	ld ui	tant.
Ę.	be ca	EATH	mpor
PLA	plnou	OF DI	very i
TE	n sł	SE (	SI
WR	natio	AU	TON

	Village or Ci	F DEATH arroll ity Henryton	Maryla death occurred Q	and Tuber (Colore yrs 3 mos	death occurred in a horpital or institution, give its NAME instead of stre.  27. ds. How long In U.S. if of foreign birth?yrs	1 St. Ward
-					If nonresident give city or to  MEDICAL CERTIFICATE OF DEA	
9	SEX	AL AND STATIST		RIED, WIDOWED,	21. DATE OF DEATH	17
	Male	Colored		(write the word)	May 9, 1936.	193
5a.	If married, widow HUSBAND of (or) WIFE of	l ed, or divorced	Single	10	(Month) (Day)  22. I HEREBY CERTIFY, Thet late Jan. 12, 1936	(Year) Itended deceased from
6	DATE OF RIPTH (	month, day, and year)	ne 10,	1913.	last saw him alive on May 9, 1936	9: death is said
	AGE Year 22	rs Months	Days 29	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 7 • 20PM.  The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	ce
NO	8. Trade, profes kind of w SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	Farmer			Date of onset
UPAT	9. Industry or 1 work was	ousiness in which done, as SILK MILL, L, BANK, etc			Pulmonary Tuberculosis	1935
0	Par Date decesse	d last worked et	11. Tetal ti	me (years)		1000
12	. BIRTHPLACE (cit (State or coun		on ryland		Other Contributory Causes of Importance:	
HER	13. NAME	Robert	Lewis			
FATH	14. BIRTHPLACE (State or		known			ate ofNO
ER	15. MAIDEN NAI	we Lydia	Robert	S	What test confirmed diagnosis?	
MOTH	16. BIRTHPLACE (State or	(city or town)	ton		Accident, suicide, or homicide? Date of injury.  Where did injury occur?	, 19
17	. INFORMANT (Address)		O'Neil		(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	and State)
18	BURIAL, CREMATI	0 1/ 4	Date may	13 ,1934	Manner of Injury	
19	. UNDERTAKER(Address)	Wileyt Son	Inch.		24. Was disease or injury in any way related to occupation of decea:  If so, specify	sed? NO
20	FILED 5/9/	36. 19 The	Local	ZCECC . Registrar.	(Signed) Henryton, Ma.	leell, M.D.

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Example I VED	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		+2-32	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLA

V. S. No. 1

Exact statement of OCCUPA.

item of infor-

KD. Every

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	CERTIFICATE OF DEATH 504	L
County Carroll 60.	Registration Dist. No.	
VIRGINIA New Hindson me		Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign blrth?m	osds.
2. FULL NAME Jarah Volumon	13X-	
(a) Residence: No. There of the Asian The	St., Ward.  If nonresident give city or town and	Charles
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diale
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 2	
Temple Colored OR DIVORCED (write the word)	May 2 (Month) (Day)	, 193 6 .
5a. If married, widowed, or divorced HUSBAND of		(Year)
(or) WIFE of John At. Notwison.	22. I HEREBY CERTIFY, That I attended  4-28 1936 to 5-2	
6 DATE OF BURTH (mostly day and mostly 1857 -		: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, and 1300 m.	); death is said
79 Untrom 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Teada profession os partiáulas	were as rollows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  S. Industry or business in which	actus actusis	em Ruca
work was done, as SILK MILL,		
SAW MILL, BANK, etc	-	
this occupation (month and 1996) spent in this 2. F		
12. BIRTHPLACE (city or town) Howall 60	Other Coutributory Causes of importance:	
(State or country)	Pardiac de com husation	10 des
13. NAME Benjamin Snowden.		7
13. NAME Sengamun Snow den.  14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of County)	What test confirmed diagnosis? Was there en a	utopsy?
15. MAIDEN NAME Annie Hoodward.  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In elso the following	:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Secify city or town, county and State	e)
17. INFORMANT Mrs. Curroll Topslans.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) Long word Mil.  18. BURIAL, CREMATION, OR REMOVAL	Manage of interest	
Place During Centry Dato Mary 5, 1836	Menner of injury	
1 2 7 2	24. Was disease or injury in any way felated to occupation of deceased?	
19. UNDERTAKER O. M. Marie (Address) Am Jella M. M.	If so, specify	
20 FILED M My 3 BG Comme Standard	(Signed) IV Hours	M. D.
Registrar.	(Address) Thestminister.	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DIK Sit to A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No. 1

state

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item

of OCCUPA

3. SEX

5a. If married

6. DATE OF I

12. BIRTHPL (State

13. NAME

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

(Address)

(State or country)

FATHER

MOTHER

Unknown

Sy Phousille

7. AGE

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(80)
County Carroll	Registration Dist. No.
Village or City Sykrsville	No. Spring field State Hospital St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Samuel Rogers	s. 2.3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.  If U.S. Veteran specify WAR.
(a) Residence: No. Baltimore, Ind. St Unknown (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Day)  (Year)
a. If married, widowed, or diverced HUSBARD of NEIlie Rogers	22. I HEREBY CERTIFY. That I attended deceased from may 11, 19,36, to may 16, 19,36
DATE OF BIRTH (month, day, and year)	I last saw h. im alive on may 16, 1936; death is said
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 ron worker	Fensual Paresis about 1922
Industry or business In which work was done, as SILK MILL, Ship yards SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and Syst. 1924 spant in this year).	
2. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of importance:

What test confirmed diegnosis? Laborator 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

Nature of injury\_\_\_\_\_

(Address) \_\_ Sickeriell

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ALLESSES FOR A SUPERIOR SET			

B.-WRITE FLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA. Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	15
County Carroll	Registration Dist. No. A. 74
Village or City Systemille	No pringried State Hospital St., Ward
Length of residence in city or town where death occurred 4-yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  17. ds. How long In U.S. if of foreign birth?
2. FULL NAME Beatrice Clice Sander	1.0064
(a) Residence: No.	St., Ward. Westminster M.
(Usual place of abode)	If nonresident give sity or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED.	MEDICAL CERTIFICATE OF DEATH
Female White OR DSY (PRCED Grante the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. TI HEREBY CERTIFY, That I attended deceased from
(0), 1112 03	Vune 1 1933, to May 22 , 1936
6. DATE OF BIRTH (month, day, and year) Deplember 28, 1904	I last saw h.l. alive on Mary 22 , 19.36; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above at
min.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	5/0/21
9. Industry or business in which	-0 vac pueumova 3/7/36
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Pennsylvania	acute Omnocarditis
13. NAME anders  14. BIRTHPLACE (city or town)	0
(State of country)	Name of operation
15. MAIDEN NAME Clusie & Water	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Clinie Water	Accident, suicide, or homicide? Date of injury, 19
(State or country) Fernsylvania	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Aspital Records (Address) Springfield State Hospital	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUBIAL, CREMATION, OR REMOVAL Date May 22 19 36	Manner of Injury
A Bauxard slaw	Nature of Injury
19. UNDERTAKER Water Control of the	24. Was disease or Injury In any way related to occupation of decessed?
20. FILED May 22, 1936 Offany Heer	(Signed) Charles Varion M. D.
Registrar.	(Address) Demanguela State Magical

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ! HIN 9 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhade BURFAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADI	DITIONAL SE	ACE FOR FUR	THER STATE	MENTS BY PHYS	ICIAN	
5/0	0	0	A A	0	0.0	A	1 2 00 1
Vhis	woman has	been an	imbecile	since bu	the probably	due T	or birth troums
IT	1	0 0 1	1 0	0	20	1	0
Was	sedentam in	habits	and had	very low	5 resistence	to	infections.
	00.0						V .
dende	va cog.						

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOKD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

	OF MARYLAND—	CERTIFICATE OF DEATH 5044
1. PLACE OF DEATH		23 15 74
County Carrell		Registration Dist. No.
Village or City Ny Reac	-elle	No Recurs Mellor Male Hast Land of death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where	1/ //	
2. FULL NAME Lean	Se welling	If U. S. Veteran, specify WAR /\R - 35
(a) Residence: No.	7/ .	St. Ward. Peterburg/ Lenna
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced		
HUSBAND of (or) WIFE of	nown Kennan	22. I HEREBY CERTIFY, That I ettended deceased from March 29, 19, 32 to Mary 8, 19, 36
6. DATE OF BIRTH (month, day, and year)	uly 25. 1909	I last saw hate alive on May 18, 19,36; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et
2/ 9	2 4   1 day,hrs.	THE I KINCH AL CAUGE OF BEATH CHA POINTED CONTROL
8. Trade, profession, or particular	1 01	were, as follows:  Creber Culasis of la Date of oneset 1995
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Marie	- Lucys
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		0.
1D. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	
year) P	occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	sourg/	-
(State or country)	Dies :	-
13. NAME Ray	Turing !	
13. NAME Cay National 14. BIRTHPLACE (city or town)	ull now y	Name of operation Date of
(State of country)	Mile Garo and	What test confirmed diagnosis? Was there an autopsy?
15. MALDEN NAME Makie	The secure	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MALDEN NAME Marie  16. BIRTHPLACE (city or town)  (State or country)	ruley on -	Accident, suicide, or homicide?
- (State of country)	any grama	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Replica	will md	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Date 2004 21, 1936	Manner of Injury
19. UNDERTAKER & A. Hitzer (Address) Balance	a uld,	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 18, 1936 Cx	Harry Weer Registrar.	(Signed) Maria M. There M. D. (Address) Sy Resculle Med
If man	e blanks are needed address State Registrar	24x N. Charles Street Relaimore Proventing 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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ſ	Example I		Example II	7
The principal cause of of importance were as f	leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	UIN 9 1026	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Perilonitis	3 days ago
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				Wilder 1

state	UPA-	1
plno	000	1
sh	Jo	1
SICIANS	statement	
Y. PH	Exact	
XACTL	classified.	
stated E	properly o	TION is very important. See instructions on back of certificate.
be	pe	Jo
plno	may	back
sh	t it	no
AGE	o tha	tions
lied.	ms, s	struc
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eful	in p	ant.
ar	TH	port
S.	EA PA	im
plnon	OF I	very
n sl	SE (	20.
natio	AUS	NOL
	ation should be arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	mation should be arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

N. B.—WRITE PLAN mation should

V. S. No. 1

infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5	045
1. PLACE OF DEATH	(131)	0.349
County Carroll	Registration Dist, No./6	
Village or City nr. Westminster	No	Ward
(If Length of residence in city or town where death occurred 2.6yrs9mos	death occurred in a hospital or institution, give its NAME instead of street and nu	
2. FULL NAME L. MANIE Deilolo.	and the second residue to particular	
(a) Residence: No.	St., Ward,	
(Usual place of abode)	If nonresident give city or town and S	late
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE AR DIVORCED (write the word) Wildows	21. DATE OF DEATH (Mony) (Day)	193 <b>C</b> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roxamoa Inches Seigh	22. HEREBY CERTIFY, That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year) July 25- 1859	I last saw have alive on may 18/ ,1936;	death is sald
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.	
/6 / / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
S. Trade, profession, or particular kind of work done, as SPINNER, Jumes Gun Furm. SAWYER, BOOKKEEPER, etc.	Maparitis,	1927
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.	a de la companya della companya della companya de la companya della companya dell	
10. Data deceased last worked at this occupation (month and 1936 spent in this occupation)	vicus myrearactos	1935
year) 1436 occupetion 56	Other Coutributory Causes of importance:	rnauzz
12. BIRTHPLACE (city or town) (State or country)	Cerebral Hemorhoge	1936
13. NAME Glorge Siph		may.u.
13. NAME Storge Sight  14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME Jertry de Resemberger  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANTM. Charles Sight On (Address) Penn. W. M. estminster. M.	Where did Injury occur? (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	CE.
18. BURIAL GREMATION, OR REMOVAL  PROPULET OF PROPULET	Manner of injury	
19. UNDERTAKE Bankard Son Mil	24 Was diseasa or injury in any way related to occupation of deceased?	15
20. FILEO J DU, 196 Pleasons Registrar.	(Signed) Chas C + Out 1	M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923		1 year
		_ goar
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
------------------------------	------------	------------------------	-----------

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY

N. B.

Exact statement of OCCUPA-

S 1. PLACE OF DEA		F MAR	YLAND-	-CERTIFICATE OF DEATH	5045
County	Carı	roll		Registration Dist. No.	7 de
Village or City	Sykesvi	lle, Sy	orngfld.	St No. Hospital	Ward
		2	3 6 (If	If death occurred in a hospital or institution, give its NAME instead of street and	d number)
Langth of residence in ci				sds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME	Slonak			If U.S. Veteran specify WAR. 0.102	
(a) Residence: No	443 N.	Waverly (Usual place of		st, Ward. Waverly Terrace, Cu	
PERSONAL AN	D STATISTI			If nonresident give city or town a  MEDICAL CERTIFICATE OF DEATH	ad State
3. SEX femal 4. COLO		5. SINGLE, MARE	RIED, WIDOWED,	21. DATE OF DEATH	
	white	OR DIVORCED	D (write the word)	Mary 2	, 191 38
5a. If married, widowed, or divo			-3-	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of				22. May 22 May 234 May 2	ed deceased from
	Mar	rch 23.	1904	er May 2,	56
6. DATE OF BIRTH (month, day 7. AGE Years	y, and year) Months	Days	If LESS than	to have occurred on the date stated above, at	:; death is sald
32	I	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or pr	articular		ormin.	were as follows:	Date of onset
8. Trade, profession, or pa kind of work dona, SAWYER, BOOKKEE	as SPINNER, EPER, etc.			Aspiration of foreign	
9. Industry or business in	n which	non	le	body (bite of meat).	
work was done, as S SAW MILL, BANK, e 10. Data deceased last wor		L co. Total V		lodged in larvnx	5/2/
10. Data deceased last wor this occupation (more year)	nth and	11. Total til	ime (years) ntin this upation		36
			pation	Dther Contributary Causes of Importance:	
12. BIRTHPLACE (city or town). (State or country)	unk	nown			
1	om slo	1-0-0		Sydenham's chorea	1929.
E	747 7	naker Vincini			
14. BIRTHPLACE (city or to (State or country)	own)	Virgini	a	Name of operation Date of.	
~	unknown		U. C.	What test confirmed diagnosis? Was there at	
15. MAIDEN NAME  16. BIRTHPLACE (city or to (Stata or country)	າາກໍ	known		23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide? Accident fate of Injury 5/ Where did injury occur? Sprnafld St. Hos	2
17. INFORMANTHO	ospital :	records		Specify city or town, county and Si Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC F	iate) LACE.
18 BURIAL, CRIMATION, OR R	L Med	Date Man	46,1936	Manner of injury	
19. UNDERTAKER ALL (Address) Seys	isville	on I	d.	24. Was disease or injury in any way related to occupation of deceased?	4.2
20. FILED May 3 , 1	1936 Q	farry	Registrar.	(Signed) Gerschel Keed, act C (Address) Sykesville no	erough.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II	
related causes   Date of enset   The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
1921 Run over by street car	1 week ago
IRFAU V. Suly 5 1927 Peritonitis	3 days ago
ortance: Other contributory causes of importance:	
May 1,1923 Gastroenteritis	1 year

STATE OF MARTEAND	CERTIFICATE OF DEATH 3047
1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
Village or City Sukesurlle mg	No. Springfield State Hamital St. Ward
(li	death occurred in a hospital or institution, give its NAME instead of street and number)
	33 ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME Genjamin C. Smith	If U. S. Veteran, specify WAR
(a) Residence: No. Olicott City	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Mari 313 103 6
Juge	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HERIEBY CERTIFY, That I attended deceased from
(d) wire of	May 29th, 1936, to May 30th, 1936
6. DATE OF BIRTH (month, day, and year)	I last saw h. alive on May 35th, 1936; deeth is said
7. ACE Years Months Days If LESS than	to have occurred on the date stated above, at 6.00 A.m.
57 // 30   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Traumafic fracture of right Date of onset
kind of work done, as SPINNER,  SAWYER, BDOKKEEPER, etc	gutrar ribs with sunchwed
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	plena, rupture and colleges of
SAW MILL, BANK, etc  10. Date deceased last worked at	right ling, punctured high agen
O this occupation (month and spent in this year) occupation	supposed liver
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	subenfancous + retrosternal
E	emphysema
(State or country)	Name of operation Date of 5 - 30 36
E IS MAIDEN NAME S. O.	What test confirmed diagnosis?
=	23. If death wes due to externat causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Caraleut Date of injury 5: 29 , 19 36
16. BIRTHPLACE (city or town)	Where did injury occur? Arruigheld Start Hospital
11 .100	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT touched becomes (Address) Sulcaville M	Specify whether injuly occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMANTION, OR REMOVAL	Manner of injury attack by Bull
Place At Johns Cly Date Mill 61, 19.36	Nature of injury
LEaston Scila	24. Was disease or injury in any way/related to occupation of deceased?
19. UNDERTAKER (Address)	It so specify / deschel Read, act Coroner
20 FHED May 31 1936 Collary Heer	(Signed) Discious Beller M. D.
20. FILED. Registrar.	(Address) Sedesible Md
	2412 N. Charles Street, Ballimore, Requesting U. S. No. 2.

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MIN 9 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. 3.	July 5,1927	Peritonitis	3 days ago
	The second secon		6,	4.00
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ing in the second	

1. PLACE OF DEATH	(B) × 0 4
County Coursel	Registration Dist. No.
Village of City Sy/ces ville Miss	NoSt.,V
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)  _mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Betty Smith.	
(a) Residence: No. Sultanuelle Mel	St., Ward:
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the woo	
Temale Coloned musued	(Year) (Day) (Yea
5a. If married, widowed, or divorced HUSBAND of	V I
(or) WIFE of Thilliam' In T.	22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on may 17 0 19-3 6; death I
7. AGE Years Months Days If LESS th	
48 3 19 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	acute Cardiac Delalation Date of
kind of work done, as SPINNER, Housewife,	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	cardis rend rogenlar
	diseases with hyperland
O 10. Date deceased last worked at this occupation (month and year) occupation occupation	fc)
12 PIRTURI ACT (SHOOT AND SERVICE POR	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Sumuel Orhus Lottone	
13. NAME Samuel Thur Fottone  14. BIRTHPLACE (city or town) Carroll Co	Name of operation. Date of
(State or country)	What test confirmed diagnosis? Mass there an autopsy?
15. MAIDEN NAME Mury Cook,	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Cook.  16. BIRTHPLACE (city or town). Carroll lo,	Accident, suicide, or homicide? Date of injury, 19_
∑ (State or country) M.d.	Where did injury occur?
17. INFORMANT Mr. William Som th	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 11 4 2 Sykerville md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place from the free woode fluing 2 - 19	Nature of injury
19. UNDERTAKER ON M'Walty	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Munfield my.	If so, specify
20. FILED May 23, 19 06 Cottonly Well	(Signed)
Registre	r. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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- E	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of evilency	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

2

-WRITE

S. No. 1

state OCCUPA 1. PLACE OF DEATH should County Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? PHYSICIAN (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I ettended deceased from (OF) WIFE OF Jan H 6. DATE OF BIRTH (month, day, and year) (lue + 2 certificate. properly 7. AGE Months Dave If LESS then to have occurred on the date stated above. also stated 1 day.\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNERS PATION jo Carcenoma OI SAWYER, BOOKKEEPER, etc .... back 9 Jedustry or business in which work was done, as SILK MILL may plnods SAW MILL, BANK, etc .... on 10. Date deceased last worked at 11. Total time (years) spent in this 32 this occupation (month end that occupation \_\_\_ instructions 12. BIRTHPLACE (city or town) (State or country) Hemorrhage supplied. FATHER 13, NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_DQ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE pluods 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. - Md-

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

be properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

-WRITE PLAD

# STATE OF MARYLAND-CERTIFICATE OF DEATH

5050

1. PLACE OF DEATH	and mulaca	2011 2001	12 Constant 20 1 5	0.00
County Carroll	Md. Tuber	red B	Is Sanatorium 05 Registration Dist. No.4	171
Village or City Henryton	•		No.	Ward
length of residence in city or town where d	eath occurred O vr	· O mos	death occurred in a hospital or institution, give its NAME instead of street and 1.7 ds. How long in U.S. if of foreign birth? yrs	number)
2. FULL NAME Leven Hen			n	0505.
(a) Residence: No. 1030 Car			If U. S. Veteran, specify WAR Ans formation	V:
(a) Residence: No. 2000	(Usual place of abod	de)	If nonresident give city or town and	State
PERSONAL AND STATISTI	CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. color or RACE. Colored	5. SINGLE, MARRIED, OR DIVORCED (write Married	WIDOWED, te the word)	21. DATE OF DEATH May 9, 1936.	, 193
5a. If marriad, widowed, or divorced Hatt	ie Price		(Month) (Dey)	(Year)
(or) WIFE of MYNING S	tevens		Apr. 22, 1936 19May to 9, 1936	decaesad from
6. DATE OF BIRTH (month, day, end year) Sep	t.26, 1891		I last saw him alive on May 9, 1936 ,19	_; deeth is said
7. AGE Years Months	Deys II	f LESS than	to have occurred on the date stated above, at 8.15. PM.	
	or	min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ypesetter			-
9. Industry or business in which	Newspaper	***********		-
SAW MILL, BANK, etc.			Pulmonary Tuberculosis	Jan.
10. Data deceased last worked et this occupetion franch entry	11. Total tima (ye un improvide	ears) nis	•	1936
O-mb-d			Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Cambri (Stata or country) Mar	yland			*
Ca Ca	mbriage, M	ld.	Name of operation Dete of	-
(State of country)	Maryland		Name of operation Dete of Was there en	Nia
15. MAIDEN NAME	Johnson		23. If death was due to external causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME  SARAY  16. BIRTHPLACE (city or town)  Ba  (State or country)	ltimore,		Accident, suicide, or homicide? Date of injury	
(Stete of country)	Maryland		Where did injury occur?	
John E. O'Neill, M. D.  17. INFORMANT Henryton, Md.			(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Date 4 1 1	1,1936	Manner of injury	*******
19. UNDERTAKER TO AL COL (Address) 57.8.WSB	- 00 / 1		Neture of injury24. Was disease or injury in any way related to occupation of deceased?	No.
20. FILED 5/9/36 . , 19 Dep. 1	warie	Registrar.	(Signed) Henryton, Md.	(L. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1111 9 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
The state of the s	400		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Items 5a and 15 changed by letters filed permanently under STEVENS, showing verifications of marriages of wife and mother of deceased; also letter from wife setting forth correct details. Filed altogether under STEVENS May 26, 1937. - L.

	RECORD.	PHYSIC
DISTRICT TO TOTAL TOTAL STORY	ITH UNFADING INK-THIS IS A PERMANENT RECORD.	illy supplied ACE should be stated EXACTLY PHYSIC
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Carroll Registration Dist No. Village or City Springfield State Hospital, & Sykesville, (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME John C. Stransky (or Straynski) If U. S. Veteran, specify WAR (a) Residence: No. 2326 Cambridge Street xxxx Baltimore. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH May 14th, 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Male White Di vorced (Month) (Year) 5a. If married, widowed, or divorcad HUSBAND of Unknown I HEREBY CERTIFY. Thet I attended deceesed from (or) WIFE of 19 36 to May 13, alive on May 13,1936 6. DATE OF BIRTH (month, day, and year) Unknown to have occurred on the date stated above, at 5:30 a.m. 7. AGE Yeers Months Days If LESS than 1 day, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence ?? 33 or\_\_\_\_min. 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.\_\_\_\_ Pulmonary 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) Data decaasad last worked et this occupation (month end year) spent in this ? Unknown 12. BIRTHPLACE (city or town) (State or country) Joe Stransky Dementia Praecox FATHER 13. NAME 14. BIRTHPLACE (city or town) .... Neme of operation\_\_\_ Unknown (Steta or country) 23. If deeth was due to externel causes (VIOL ENCE) fill in also the following: MOTHER 15. MAIDEN NAME Florence Accident, suicide, or homicide? 16. BIRTHPLACE (city or town)\_ Unknown (Stata or country) Where did injury occur?\_\_ (Specify city or town, county and State) 17 INFORMANT Springfield Hospital Records Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE (Address) Sykesville, Maryland. 18. BURIAL CREMATION OF REMOVAL Menner of injury Nature of injury. 24. Was disease or injury In eny way releted to occupation of decaesed? NO 19. UNDERTAKER If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5052
1. PLACE OF DEATH	<del>(88)</del> ×
County Carroll	Registration Dist. No. 75
Village or City Millers	No. St., Ward
Length of residence in city or town whera death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME ( ooa ) Will	NR - 37
(a) Residence: No. Distanteur Y. C. (Usual place of ebode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manual	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed or divorced in SPAND of (or) WIFE of Calvan Street	22. I HEREBY CERTIFY. That I attanded deceased from  Mary 7, 1936, to Mary 7, 1936
6. DATE OF BIRTH (month, day, and year) 10.74-1891	I last saw h EN alive on May 7 193 Edeath is sald
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at
44 9 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	addisons Diseases 5 mo
and a state of business in which	( according to tuotory)
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)	
12. BIRTHPLACE (city or town) Buludeau  (State or country)	Othar Contributory Causes of Importance:
13. NAME James Benneft	
13. NAME Server 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Elizabelli Mise	What tast confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIDEN NAME Cliveballe Wise  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?
17. INFORMANT MADE MYSTLE Me Boury	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF MEMOVAL Place Buladena 9 6 Date May 10, 1936	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of decaased?
20. FILED May 8 , 132 m uss. 90, 8. S. Dennes Registrar.	(Signed) Edgay M. Gusta M. D.  (Address) Marinfiel and M.D.

15 more clarks are needed, address State Registrar, 2411 N. Charles Street, Haltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PDA

V. S. No. 1

STATE	OF	MARYL	AND-	-CERT	IFICAT	TE O	F DE	ATH
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/	1. PLACE OF DEATH	(2) A
1	1. PLACE OF DEATH  County Carroll Co.	Registration Dist. No. 76
	Village or City Aller Miller Con-	No. 85 W. Green St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
		ds. How long in U. S. if of foreign birth?yrsmosds.
	2. FULL NAME andrew Wearly	If U.S. Veteran specify WAR
	(a) Residence: No. 85 W. Greew 1	St. Ward.
	(Usual place abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (swrite the word)  Male  White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word)	21. DATE OF DEATH  (Month)  (Day)  (Feer)
	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
	(or) WIFE of Union Small	may 20, 1936, to may 22, 1936
e.	6. DATE OF BIRTH (month, day, and year) Sept 19, 1865	I last saw h dandalive on Zuray 22 , 1936; death is said
icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.45 km.
certificate	70 8 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
ce	8. Trade, profession, or particular kind of work done, as SPINNER	Certerio Saleracio
Jo 3	SAWYER, BOOKKEEPER, etc.	(General)
back	9. Industry or business in which work wes done, as SILK MILL. SAW MILL, BANK, etc	Cerebral Herantica May 20
u u	10. Date deceased last worked at	0
0 81	this occupation month and 1934 spent in this 446	
tion	12. BIRTHPLACE (city or town) Squathburg	Other Contributory Causes of importance:
ruc	(State or country) Warlingtoner. Mich.	
instructions on	13. NAME Chillann / Wengh!	
See i	14. BIRTHPLACE (city or town) furth lying	Name of operation Dete of
VŽ	(State of country) Vaccings of the Ma	What test confirmed diegnosis? Physical Was there an autopsy? No
int.	15. MAIDEN NAME Surgues Stevenson	23. If death was due to external causes (VIOLENCE) fill in elso the following:
important.	[ 16. BIRTHPLACE (city or town) Sunth burg	Accident, suicide, or homicide? Date of injury, 19
mp	(State or country) Washingland Co.	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Mrs. Weagly (Address) Westweether Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	18. BURIAL, SREMATION, OR REMOVAL Com. May 25 1936	Manner of injury
TION	15 muss 11 .	Nature of injury
TI	19. UNDERTAKER (Address)	24 Wes disease or injury in any way felated to occupation of deceased?
	1/22 2/12/1000	(Signed) (Signed)
1	20. FILED Y 1910 PROGRESSITAR.	(Address) (A Calabara & Maria & Maria
de	Acgistus.	The state of the s

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Chronic interstitial nephritis JUN 5 1026	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

N. B.—WRIT

V. S. No. 1

Exact statement of OCCUPA.

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1)	item
	Every
•	RECORD.
BINDING	NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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Village of City  Langth of residence in city or town where death occurred 1. yrs. mos. 6s. How long in U.S. Hol foreign birth?  2. FULL NAME  (a) Residence: No. 19 14	STATE OF  1. PLACE OF DEATH  County Carroll	MARYLAND-	CERTIFICATE OF DEATH 5054  Registration Dist. No. 83	
Counting the center of abode   Honomedical give city or town and State	Village or City & Wood Fun.  Length of residence In city or town where death or  2. FULL NAME	6/1/	No. St., Ware death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foraign birth?	
3. SEX  4. COLOR OR RACE  NOW DYORCED (carrier the world)  5. If married, widowed, or divorced HUSBAND of (er) WIFE world  7. AGE Years Months  5. SINGLE, MARRIED, WIDOWED, OR DYORCED (carrier the world)  5. If HER E BY C E R T I F Y. That I attended decessed from The August 1936 to 19			If nonresident give city or town and State	
OR DIVORCED (write the world)  5.9. If married, widowed, or divorced HUSBAND (Cert) Wife or Months  5.9. If married, widowed, or divorced HUSBAND (Cert) Wife or Months  5.9. If married, widowed, or divorced HUSBAND (Cert) Wife or Months  5.9. If Married, widowed, or divorced HUSBAND (Cert) Wife or Months  7. AGE Years Months  5.9 If LESS than 1 day,		PARTICULARS		
HISBAND of (cer) WIFE of (cer)	mace thinke OF	t DtVORCED (write the word)	May 18, 193 6	
T. AGE  Years  Months  Days  If LESS than 1 day, hrs. hrs. or min.  Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEPER, etc.  I. Industry or business in which work was done, as SILK MILL, SAM MILL, BARK, etc.  I. D. Date deceased last worked at this occupation (State or country)  Take PRINCIPAL CAUSE OF DRATH and related causes of importance were as collivery or business in which work was done, as SILK MILL, SAM MILL, BARK, etc.  I. D. Date deceased last worked at this occupation (month and year)  Other Contributory Causes of importance:  Date of country)  The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINCIPAL CAUSE OF DRATH and related causes of importance and the stated above, at min. The PRINC	HUSBAND of	Welsh.	May 12th, 1936, to May 18th, 193.	6
Trade, profession, or particular Kind Orange as SPINNER, SANVER, BOURGEPER, etc.  1933  Industry or business in which worked at this occupation (month and year)  10. Date declased last worked at this occupation (month and year)  11. Total time (years) spen in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Titular  (Address)  19. UNDERTAKER  (Address)		6 / 1 day,hrs.	to have occurred on the date stated above, at 149 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  Other Coutribatory Causes of importance:  Othe	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.	ismusi		3
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Hammer Date Marker (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place Hammer Date Marker (Address)  19. UNDERTAKER (Address)	O this occupation (month and	spent in this		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Stands and the country Date Mailed State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Was there an autopsy?  Accident, suicide, or homicide? Date of Injury  Where did injury occurr?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  15. MAIDEN NAME  Was there an autopsy?  Accident, suicide, or homicide?  Where did injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER		Co.	Other Coutributory Causes of importance:	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Stands and the country Date Mailed State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Was there an autopsy?  Accident, suicide, or homicide? Date of Injury  Where did injury occurr?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  15. MAIDEN NAME  Was there an autopsy?  Accident, suicide, or homicide?  Where did injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER	13. NAME /? Henry to	luca.		
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. MAIDEN NAME  23. If death was dua to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  18. Or Address  19. Or Addres	14. BIRTHPLACE (city or town)	manyland		
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Fully Date Make 21., 1936  Nature of injury  19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  15. Specify city or town, county and State)  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  19. UNDERTAKER  (Address)  17. INFORMANT  (Address)  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify  18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  If so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	15. MAIDEN NAME Suscer &	Thomas		
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Floring Date Market 21., 79  Nature of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)	16. BIRTHPLACE (city or town) (State or country)	the Con	Accident, suicide, or homicide? Date of Injury, 19	
Place Planty Onto Planty 21., 1936  Nature of injury  19. UNDERTAKER  (Address)  Address  (Address)  Nature of injury in any way related to occupation of deceased?  If so, specify		Tolok.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) If so, specify If so, specify	1-4.	Mey 21, 1036		
M.D. (Signed)		it and I see	If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis .IIIN 16 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

# MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	CERTIF	FICATE	OF	DEATH
JIAIL	OI.	MULIZIE	מוזר	CLIVIII	IOITIL	OI	DEAIII

1. PLACE OF DEATH	(4)-(3)
County Carroll .	Registration Dist. No.
Village or City Quichaud Hulls	NoSt.,Ward
T me (If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign blrth?
2. FULL NAME Ella R. While	If U. S. Veteran, specify WAR
(a) Residence: No. Saxland Mull (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dev)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Condition of the state of the stat	22. I HEREBY CERTIFY. Thet I ettended deceased from  May 15 1936 to May 6, 1936
6. DATE OF BIRTH (month, day, end year) Sufet 16 1567 7. AGE Yeers Months Deys If LESS than	I last saw h delive on May C, 1936; death is said to have occurred on the dete stated above, at 1. P. m.
88 7 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done as SILK MILL.	Carcuma D Stomach
SAW MILL, BANK, etc.	
0. Date deceased last worked et this occupetion (month and yeer) 11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
	T. 1990
13. NAME SAME, ASSENCE TO STATE OF THE STATE	Name of operation Dete of What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME What & Color 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
2 (State or country)  17. INFORMANT  (Address)  (Address)  (Address)	Where did injury occur?(Specify city or town, eounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAT, CREMATION, OR REMOVAL DELE May 8, 1936	Manner of Injury
19. UNDERTAKER Nell son Due (Address) Septemble week.	24. Wes disease or injury in any wey related to occupation of deceased?  If so, specify
20. FILED May 6, 1936 Cottacy New Registrar.	(Signed) Raudallstown M.D.
If more blanks are needed address State Registrar	2411 N Charles Street Ralimore Properting 71 S No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: JUN 3 1936  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephralis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

AGE should be stated EXACTLY.

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA-

	infor-
	of
	item
	Every item of infor-
	RECORD.
MARGIN RESERVED FOR BINDING	AINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Ever
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ESERVED	INK-THIS
TARGIN RI	UNFADING
	WITH
	MAINLY,
1.	WRITE PEAINLY

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5056
1. PLACE OF DEATH	SERVIN SOUTH SUST
County Carroll	Registration Dist. No. 76
Access 24	
Village of City Westminster Ma	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Mr. Milson (a) Residence: No. 1 New Wrindson	M.L. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (prize the word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Mary J. Wilson	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 1, 18 6 3	I last saw ham alive on May 7 - 1936; deeth is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at \(\frac{1}{2}\mu \in \infty \mu_m\).
72 7 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Cerebral humanhage Bate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Myo cardilis (Chr),
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year)  11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Carwll loo.	Other Coutributory Causes of Importance:
(Stata or country)	
13. NAME Sigh Atilson	
13. NAME Sigh Stilson  14. BIRTHPLACE (city or town) Le arroll (60.	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Was there en autopsy? Ho
15. MAIDEN NAME Cachel Squerel  16. BIRTHPLACE (city or town) Lawholl Las.	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Casholl Co.	Accident, suicide, or homicide2 Date of injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Mildred St. Hang.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Visteri Chupel Centopare May 10, 1036.	Nature of injury
19. UNDERTAKER 6. M. Staltz.	24. Was disease or Injury in eny way related to occupation of deceased?
(Address) Frantielli Mil	M'so, specify Committee
20. FILED V/6 1976 Misself	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	- 19
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis : 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the second s			(1)
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTI	HER STATEMENTS BY PHYSICIAN
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V. S. No. 1

PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

	3	INIL		ILAND	CERTIFICATE OF DEATH	150
1	. PLACE OF DEA	TH	Maryl		rculosis Sanatorium	00
	County Carl	oll		Color	ed Branch Registration Dist. No. 74	
	Village or CityF			. (If	ND. (above) St., death occurred in a hospital or institution, give its NAME instead of street and reads. How long in U.S. if of foreign birth?yrsmm	Ward
9	. FULL NAME A					/sus.
-				, Catons	Svisle, Baltimore Co., Md. 03)  If nonresident give city or town and	( -
	PERSONAL AN	ID STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5		or or race	5. SINGLE, MARI OR DIVORCED Sing	(write the word)	21. DATE OF DEATH  May 2, 1936  (Month) (Day)	, 193
ia.	If married, widowed, or divo	orced				
	(or) WIFE of	211			22. I HEREBY CERTIFY, That I ettended May 1, 1936 1936 May 2, 193	
	OLET OF BURTON	. N	200	185-		
_	DATE OF BIRTH (month, da AGE Yeers	y, and year) 14 Months	OV., 25	1915	to heve occurred on the date stated above, at 7.30 P. M.	.; geath is said
	20	5	7	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
5	8 Irade, profession, or po- kind of work done, SAWYER, BDDKKEE		Typist	ormin,	Pulmonary Tuberculosis	Date of onset
	**Industry or business in work was done, es SAW MILL, BANK,	n which SILK MILL, etc	Unkhown			April
2	10. Date deceased last worthis occupation (mo year)	rked et nth and Unkn	OWI 11. Totat ti	me (years) t in this Unkno pation_Unkno	wn	1936
12.	BIRTHPLACE (city or town) (State or country)	Cato Mary	nsville land		Other Coutributory Causes of importance:	
2	13. NAME	Char	les E. V	Vorthingt	on	
באום	14. BIRTHPLACE (city or to (State or country)	Glen Mary			Name of operation Dete of Was there en a	utonava No
2	15. MAIDEN NAME	Joea	nna Smit	h	23. If death wes due to external causes (VIOLENCE) fill In also the following	
2	16. BIRTHPLACE (city or to (State or country)	West Mary	rriends	ship	Accident, suicide, or homicide? Date of injury	
17.			Neill, M	1. D.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL/	e) ACE.
18.	BURIAN CREMATION, DR F	REMOYAL /	1 Date Mar	16 ,92	Manner of injury	
19.	UNDERTAKE BLANG (Address)	and P. 1	fingle	the.		No
20,	FILED 5/2/36	19. Depu	ty Local	Heell,	(Signed) Aug 2004	W.M.D.
-		- Pu	A TOOR			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis '	1 year
		A CAN DE LA CASTA DEL CASTA DE LA CASTA DEL CASTA DE LA CASTA DEL CASTA DEL CASTA DE LA CASTA DEL CASTA DE LA CAST	